11/20/2009 11:45

Image# 29993372844

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Ot	her Than An Autho	orized Commi	ttee	0	ffice Use Only
NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT	Example:If typi over the lines	ng, type		
American Health Care	e Association Po	litical Action Committee				
				1 1 1 1		
ADDRESS (number and str	eet) 1201	L Street, NW				
Check if differen than previously reported. (ACC)		hington			DC	20005
2. FEC IDENTIFICATIO	N NUMBER	▼ CITY	A	;	STATE	ZIPCODE 🛕
C00006080			THIS X	NEW (N) OR	AMEN (A)	NDED
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report  April 15 Quarterly R  July 15 Quarterly R  October 15 Quarterly R  January 31 Quarterly R  January 31 Quarterly R  Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) -Year -election (MY)	Due On: Mar 2	General (3	n (12C)	Aug 20 Sep 20 Oct 20 General (120 Special (120 Runoff (30R	Year Only)  (M9)  (M9)  Dec 20 (M12) (Non-Election Year Only)  (M10)  Jan 31 (YE)  G)  Runoff (12R)  a)  in the State of
5. Covering Period	10	01 2009	through	10	3 1 2	2009
I certify that I have examine Type or Print Name of Tre		nd to the best of my know Gail Clarkson	vledge and belief it	is true, correct	and complete.	
Signature of Treasurer	Electronically Fi	led by Ms. Gail Clarks	on	D	ate 11	20 2009
NOTE : Submission of fals	se, erroneous, or	incomplete information	may subject the pe	rson signing thi	s Report to the pe	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/93

Write or Type Committee Name American Health Care Association Political Action Committee D D " D 10 0 1 2009 10 3 1 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 121831.57 January 1 (b) Cash on Hand at 155436.42 Begining of Reporting Period ..... 113329.42 790529.12 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 268765.84 912360.69 6(a) and 6(c) for Column B) ..... 711255.09 67660.24 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 201105.60 201105.60 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 93

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

D D 0 1

м м 1 0 2009

To:

м м 1 0 D D 31

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	89273.28	703756.97
	(ii) Unitemized	24056.14	76772.15
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	113329.42	780529.12
(b		0.00	0.00
(c	(such as PACs)	0.00	10000.00
	11(a)(iii),(b) and (c)) (Carry  Totals to Line 33, page 5)	113329.42	790529.12
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	b Federal candidates and Other olitical Committees	0.00	0.00
	other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	e) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	113329.42	790529.12
	otal Federal Receipts ubtract Line 18(c) from Line 19)	113329.42	790529.12

### **DETAILED SUMMARY PAGE**

of Disburse

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/93

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1160.24 12785.09 Expenditures..... (c) Total Operating Expenditures 1160.24 12785.09 (add 21(a)(i), (a)(ii) and (b))..... 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 Contributions to Federal Candidates/Committees.....and Other Political Committees..... 698470.00 66500.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) ..... Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... Loans Made..... 0.00 0.00 Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 67660.24 711255.09 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 67660.24 711255.09 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 93

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	113329.42	790529.12
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	113329.42	790529.12
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1160.24	12785.09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1160.24	12785.09

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Kathy Abbott Mailing Address Nexion		Date of Receipt
695 Harris Road City	State Zip Code	1 0 1 3 2 0 0 9  Transaction ID: C792104
Azle	TX 76020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	201.00	
Full Name (Last, First, Middle Initial) Kathy Abbott		Date of Receipt
Mailing Address Nexion 695 Harris Road		10 16 2009
City Azle	State Zip Code TX 76020	Transaction ID: C792543
FEC ID number of contributing federal political committee.	C 70020	Amount of Each Receipt this Period  101.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	201.00	
Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt
Mailing Address 6750 Westown Pkwy Ste 100		10 14 2009
City	State Zip Code	Transaction ID: C791500
West Des Moines  FEC ID number of contributing	IA 50266-7716	Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer Iowa Health Care Assn.	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	
SUBTOTAL of Receipts This Page (optional)		301.00
TOTAL This Period (last page this line number	only)	

Mailing Address 2759 County Road 1490	SCHEDULE A (FE ITEMIZED RECEIF	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 93 (check only one)    X   11a
A. Holie Adams  Mailing Address 2759 County Road 1490  City State Zip Code Center TX 75935  FEC ID number of contributing tederal political committee.  Name of Employer Contributing (Class First, Middle Initial)  Elizabeth Abcott  Mailing Address 26 Belvidere Road  City State Zip Code City State Zip Code Name of Employer Coccupation Name (Last, First, Middle Initial)  Elizabeth Abcott  FEC ID number of contributing (Class First, Middle Initial)  Elizabeth Abcott  Mailing Address 26 Belvidere Road  City State Zip Code Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  C. Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  FEC ID number of contributing federal political committee.  C. Robin Lalien  Mailing Address Cypress Health Care 10550-920 Bay Meadow Road  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  C. Robin Lalien  Mailing Address Cypress Health Care 10550-920 Bay Meadow Road  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  C. Robin Lalien  Mailing Address Cypress Health Care 10550-920 Bay Meadow Road  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  C. Robin Lalien  Mailing Address Cypress Health Care 1050-920 Bay Meadow Road  City Primary General Occupation VP - Risk Management VP - Risk Management Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Committee  C. Robin Lalien  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation	or for commercial purposes,  NAME OF COMMITTEE	other than using the name and ad (In Full)	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City State Zip Code TX 75935  FEC ID number of contributing federal political committee.  Name of Employer Green Acres of Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Elizabeth Alcott  Malling Address 26 Belvidere Road  City State Zip Code NJ 07452  Fel D number of contributing federal political committee.  Receipt For: Primary General Other (specify) ▼  Cocupation Information Requested  Receipt For: Primary General Occupation Information Requested  Receipt For: Primary General Other (specify) ▼  Cocupation Information Requested  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Robin L Allon  Malling Address Cypress Health Care 10550-920 Bay Meadow Road  City State Zip Code 1	•	ddle Initial)		Date of Receipt
Center TX 75935  FEC ID number of contributing federal political committee.  Name of Employer Green Acres of Center  Receipt For: Primary General Other (specify) ▼ 650.00  B. Elizabeth Acott Malling Address 26 Belvidere Road  City State Zip Code NJ 07452  Glen Rock NJ 07452  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Occupation Information Requested  Receipt For: Primary General Other (specify) ▼ 5000.00  City State Zip Code NJ 07452  Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ 5000.00  City State Zip Code Information Requested  Receipt For: Primary General Other (specify) ▼ 5000.00  Date of Receipt  Transaction ID: C792435  Amount of Each Receipt this Period  Transaction ID: C792435  Amount of Each Receipt this Period  Transaction ID: C792435  Amount of Each Receipt this Period  Transaction ID: C792435  Amount of Each Receipt this Period  Transaction ID: C792090  Amount of Each Receipt this Period  Transaction ID: C792090  Amount of Each Receipt this Period  Transaction ID: C792090  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  City State Zip Code Jacksonville FL 32256  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Jacksonville FL 32256	Mailing Address 2759	County Road 1490		
Receipt For:   Primary   General   Ccupation   Ccup	-		•	
Receipt For:     Primary	FEC ID number of contrib			
Primary   General Other (specify)	Name of Employer Green Acres of Center			
B. Elizabeth Alcott  Mailing Address 26 Belvidere Road  City State Zip Code Glen Rock NJ 07452  FEC ID number of contributing federal political committee.  Name of Employer (State State	Primary G			
City State Zip Code NJ 07452  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:    Parimary   General   Other (specify) ▼   Occupation	B. Elizabeth Alcott			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robin I. Allen  Mailing Address Cypress Health Care 10550-920 Bay Meadow Road  City State Zip Code Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer Cypress Health Care 1000.00  City State Zip Code Transaction ID: C792090  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  100.00  Transaction ID: C792090  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  100.00	•		•	Transaction ID: C792435
Information Requested  Receipt For:	FEC ID number of contrib	outing	07452	
Primary General Other (specify) ▼    Solution   Solution   Solution	Information Requested			
C. Robin I. Allen  Mailing Address Cypress Health Care	Primary G		1 1 1 1 1 1 1	
City State Zip Code  Jacksonville FL 32256  FEC ID number of contributing federal political committee.  Name of Employer Cypress Health Care  Primary General  Other (specify) ▼  Transaction ID: C792090  Amount of Each Receipt this Period  Transaction ID: C792090  Amount of Each Receipt this Period  600.00	Robin I. Allen	,		<del>-</del>
Jacksonville FL 32256   FEC ID number of contributing federal political committee. C 100.00    Amount of Each Receipt this Period  100.00	10550	)-920 Bay Meadow Road		10 15 2009
Receipt For:  Primary  Other (specify) ▼  Occupation  VP - Risk Management  Aggregate Year-to-Date ▼  600.00	•		·	
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  600.00				100.00
Primary General Other (specify) ▼  600.00	Name of Employer Cypress Health Care			
SURTOTAL of Penninta This Pega (entional)	Primary G	Aggregate	e Year-to-Date ▼	
SOBIOTAL of neceipts This Page (optional)	SUBTOTAL of Receipts Th	is Page (optional)		5200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 93 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Scott Allen Mailing Address 209 W Osborne Ave City Tampa FEC ID number of contributing federal political committee.	State FL	Zip Code 33603-2019	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Palm Garden of Tampa  Receipt For:  Primary General  Other (specify) ▼	Occupatio Administ Aggregate		
Full Name (Last, First, Middle Initial) Scott Allen  Mailing Address 209 W Osborne Ave  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Palm Garden of Tampa  Receipt For: Primary General Other (specify)	State FL  C  Occupatio Administ  Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stacie Aman  Mailing Address 5124 27th Rd N  City  Arlington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  Primary General Other (specify)	State VA  C  Occupatio PAC Dire Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			301.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Stacie Aman			Date of Receipt
	Mailing Address 5124 27th Rd N			10 15 2009
	City	State	Zip Code	Transaction ID: C792096
	Arlington	VA	22207-1723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Health Care Asso- ciation	Occupation PAC Direction		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	450.00	
	Full Name (Last, First, Middle Initial) Stacie Aman			Date of Receipt
	Mailing Address 5124 27th Rd N			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C792310
	Arlington	VA	22207-1723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Health Care Asso- ciation	Occupation PAC Direction		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Dirk Anjewierden			Date of Receipt
	Mailing Address 2180 So. 1300 E Suite 445			M M / D D / Y Y Y Y Y 1 Y 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C791194
	Salt Lake City	UT	84106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Utah Health Care Assn.		e Director	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1		575.00

SCHEDULE A (F		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purpose  NAME OF COMMITTI	s, other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Hawthorne FEC ID number of confederal political commit	State NJ tributing tee.	Zip Code 07506	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Van Dyk Park Place  Receipt For: Primary Other (specify)	Aggregat General	on ve Director ve Year-to-Date ▼ 350.00	
Full Name (Last, First, Robert Asztalos  Mailing Address 713  City  Tallahassee  FEC ID number of confederal political commit	SE Park Ave  State FL  tributing	Zip Code 32301-2618	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Buigas, Asztalos & As ates Receipt For: Primary Other (specify)	soci- Cocupation Lobbyisi Aggregat		
	Middle Initial) 8 Ritchie Highway te 118 State MD	Zip Code 21122-1069	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	lgmt. Occupation Presider  Aggregat  General		1250.00
	This Page (optional)	<u> </u>	1825.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 93 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Pole	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial)  Mary Baker  Mailing Address PO Box 1129  City  Turlock	State CA	Zip Code 95381	Date of Receipt  10 20 2009  Transaction ID: C794011  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Mark One Corp.  Receipt For:  Primary  General  Other (specify) ▼	Administ  Aggregate		
В.	Full Name (Last, First, Middle Initial) Terry Bane  Mailing Address 1469 Humboldt Rd # 175			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chico  FEC ID number of contributing federal political committee.	State CA	Zip Code 95928-9116	Transaction ID: C792263  Amount of Each Receipt this Period  250.00
	Name of Employer President  Receipt For:  Primary General  Other (specify) ▼	. '	e Health Care Corp. e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) John Barber  Mailing Address PO Box 3347			Date of Receipt  10 02 2009
	City Spartanburg	State SC	Zip Code 29304-3347	Transaction ID: C787712  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer White Oak Manor	Occupation Executiv	e VP/CFO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)			4000.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/93   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Chance Becnel			Date of Receipt
Mailing Address 935 Bellevue PI			M M / D D / Y Y Y Y Y 1 Y 1 1 0 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: C790120
Jackson  FEC ID number of contributing federal political committee.	MS C	39202-2702	Amount of Each Receipt this Period 500.00
Name of Employer Tara Cares	Occupatio COO	n	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 935 Bellevue Pl			10 14 2009
City Jackson	State MS	Zip Code	Transaction ID: C792158
FEC ID number of contributing federal political committee.	C	39202-2702	Amount of Each Receipt this Period  100.00
Name of Employer Tara Cares	Occupatio COO	n	
Receipt For: Primary General Other (specify)	- t -	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Elton Beebe, Jr.			Date of Receipt
Mailing Address 1308 Bruton Spring	s Road		10 02 2009
City	State	Zip Code	Transaction ID: C790131
Austin FEC ID number of contributing federal political committee.	C	78733	Amount of Each Receipt this Period  1250.00
Name of Employer Louisiana Extended Care Centers	Occupatio Owner		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	]
SUBTOTAL of Receipts This Page (optional	<u> </u>		1850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Pole		
Full Name (Last, First, Middle Initial) Steve Bellone  Mailing Address 921 East Fort Avenue Suite 240  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer White Oak Healthcare, LLC  Receipt For: Primary General Other (specify)	State Zip Code MD 21230  C  Occupation President/ CEO  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lyn Bentley  Mailing Address 1201 L Street NW  City  Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20005	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer AHCA  Receipt For:	Occupation Director  Aggregate Year-to-Date   460.00	Date of Receipt
Mailing Address 1201 L Street NW  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA	State Zip Code DC 20005  C Occupation Director	Transaction ID: C796689  Amount of Each Receipt this Period  20.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	540.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/93   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
Mailing Address 1201 L Street NW			10 29 2009
City	State	Zip Code	Transaction ID: C801567
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer AHCA	Occupation Director	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Mark Bidner	<u> </u>		Date of Receipt
Mailing Address 6601 Center Drive Suite 325	West		10 14 2009
City	State	Zip Code	Transaction ID: C791514
Los Angeles	CA	90045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Information Requested	Occupation Informati	n on Requested	
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial)			
Richard Blinn  Mailing Address 200 Brickstone Squ	uare		Date of Receipt
<u> </u>		7ia Cada	10 13 2009
City <u>Andover</u>	State MA	Zip Code 01810	Transaction ID: C792114  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Genesis Eldercare	Occupation Presiden	n t, New England	
Receipt For:	<del>'</del>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	225.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 93 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	the name and addres	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Blinn			Date of Receipt
Mailing Address 200 Brickstone Squ City	lare  State	Zip Code	1 0 1 6 2 0 0 9  Transaction ID: C792315
Andover	MA	01810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer Genesis Eldercare	Occupation President, N	lew England	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Julie Bowman	<b>I</b>		Date of Receipt
Mailing Address Copeland, Cook, Ta 1076 Highland Colo	ony Parkway		10 14 2009
City	State	Zip Code	Transaction ID: C792181
Ridgeland	MS	39157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Copeland, Cook, Taylor & Bush	Occupation Health Care		
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) Steve Boymel	ı		Date of Receipt
Mailing Address 12100 Reed Hartm	an Highway		10 13 2009
City	State	Zip Code	Transaction ID: C791347
Cincinnati	OH	45241-6036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Brookwood Retirement Comm- unity	Occupation Owner/Adm		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	.0		625.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/93 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	and Statements may not be sold or used by any pers ng the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Brendlen  Mailing Address 304 S Van Dien A Van Dyk Health C City		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Ridgewood  FEC ID number of contributing federal political committee.	NJ 07450-5200	Amount of Each Receipt this Period  200.00
Name of Employer Van Dyk Health Care  Receipt For: Primary General Other (specify)	Occupation Marketing Director Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Christopher R. Bryson Mailing Address 1626 Jeurgens Co	ourt	Date of Receipt  10 14 2009
City	State Zip Code	Transaction ID: C792208
Norcross	GA 30096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer UHS-Pruitt Corporation,	Occupation Chief Operating Officer	
Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) Virginia Burke		Date of Receipt
Mailing Address 17 Heritage Road		10 14 2009
City	State Zip Code	Transaction ID: C791495
Barrington  FEC ID number of contributing federal political committee.	RI 02806	Amount of Each Receipt this Period
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optio	nal)	400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (criccit diny dile)
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Health Care Association	the name and address of any political com-	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bonnie Campeau  Mailing Address 203 Ridgecrest Driv	e	Date of Receipt
City Cannon Falls FEC ID number of contributing	State Zip Code MN 55009	Transaction ID: C790206  Amount of Each Receipt this Period  530.00
Receipt For:  Primary  Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date ▼  630.	00
Full Name (Last, First, Middle Initial) Bonnie Campeau Mailing Address 203 Ridgecrest Driv City	re State Zip Code	Date of Receipt    M M
Cannon Falls  FEC ID number of contributing federal political committee.  Name of Employer Woodlyn Heights Healthcare Center	MN 55009  C Occupation Administrator	Amount of Each Receipt this Period 100.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 630.	00
Full Name (Last, First, Middle Initial) Jill Capela  Mailing Address 1101 S. Capital of T Bldg. G	TX Hwy	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Austin FEC ID number of contributing federal political committee.	State Zip Code TX 78746	Transaction ID: C796680  Amount of Each Receipt this Period  1250.00
Name of Employer ONR Inc.  Receipt For:	Occupation CEO  Aggregate Veer to Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.	00
SUBTOTAL of Receipts This Page (optional	l)	1880.00

NAI Am		tatements may		13     14     15     16
Am		name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	ME OF COMMITTEE (In Full) nerican Health Care Association Pol	itical Action	Committee	
	l Name (Last, First, Middle Initial) dith G. Caroselli			Date of Receipt
Mai	iling Address Westland Convalescen 36137 Warren Road	ıt & Rehabili	ta	M M / D D / Y Y Y Y Y Y 1 1 0 1 4 2 0 0 9
City	у	State	Zip Code	Transaction ID: C792226
<u>We</u>	estland	MI	48185-2027	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		100.00
Nar W e	me of Employer estland Convalescent &	Occupation	n ministrator	
	habilitation ceipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	, iggregate	300.00	
	I Name (Last, First, Middle Initial)	l		Date of Receipt
	iling Address 702 S Kings Ave			M M / D D / Y Y Y Y Y Y 1 1 0 1 1 4 2 0 0 9
City	y	State	Zip Code	Transaction ID: C791480
-	andon	FL	33511-5925	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
Nar Ge	me of Employer noa Healthcare Consulti- LLC	Occupation Information	n on Requested	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	I Name (Last, First, Middle Initial) ren H. Chadderton			Date of Receipt
Mai	iling Address 4 Wagon Road			10 14 2009
City	•	State	Zip Code	Transaction ID: C792202
<u>En</u>	ifield	CT	06082-5639	Amount of Each Receipt this Period
FE0	C ID number of contributing eral political committee.	C		100.00
Nar Riv tatio	me of Employer verside Health Rehabili- on	Occupation Administr		
	ceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19/93 (check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   1
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial)			
Robert M. Chur  Mailing Address Elderwood Senior Car 7 Limestone Drive	re		Date of Receipt  10 23 2009
City	State	Zip Code	Transaction ID: C797402
Williamsville	NY	14221-7051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Elderwood Affiliates Inc	Occupatio Presiden		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	5000.00	
Full Name (Last, First, Middle Initial) Tom Coble			Date of Receipt
Mailing Address 1908 12th Avenue NV Suite E	V		10 16 2009
City	State	Zip Code	Transaction ID: C792446
Ardmore	OK	73401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Elmbrook Management Compa- ny	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Michael D'Arcangelo			Date of Receipt
Mailing Address 200 Dryden Road Suite 2000			10 01 2009
City	State	Zip Code	Transaction ID: C790129
Dresher	PA	19025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Complete Healthcare Resou- rces	Occupatio Senior E	n xecutive Vice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
	1		5000.00

TOTAL This Period (last page this line number only) .....

any information capied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  A merican Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial)  Veronica Damaeyn-Sharpe  Mailing Address 102 Oakford Avenue  City  State Zip Code  Edaewater  MD 21037-4913  FEC ID number of contributing federal political committee.  City  State Zip Code  Primary  General  Other (specify) ▼  MD 21037-4913  FULL Name (Last, First, Middle Initial)  Veronica Dameeyn-Sharpe  Mailing Address 102 Oakford Avenue  City  State Zip Code  Other (specify) ▼  MD 21037-4913  FEC ID number of contributing federal political committee.  Name of Employer  Diffical Association  FEC ID number of contributing federal political committee.  Name of Employer  Diffical Association  Fec ID number of contributing federal political committee.  Name of Employer  Diffical Association  Finance (Last, First, Middle Initial)  Primary  General  Other (specify) ▼  Occupation  Executive Director  Receipt For:  Primary  General  Other (specify) ▼  Occupation  Administrator  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Occupation  Administrator  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Occupation  Administrator  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Occupation  Administrator  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Occupation  Administrator  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Occupation  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Amoun	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 20 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Full Name (Last, First, Middle Initial)  Veronica Damesyn-Sharpe  Mailing Address 102 Oakford Avenue  City State Zip Code Edgewater MD 21037-4913  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  Full Name (Last, First, Middle Initial)  Veronica Damesyn-Sharpe  Mailing Address 102 Oakford Avenue  City State Zip Code Docupation Executive Director Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Veronica Damesyn-Sharpe  Mailing Address 102 Oakford Avenue  City State Zip Code MD 21037-4913  FEC ID number of contributing federal political committee.  City State Zip Code Docupation Executive Director Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Rey David  Mailing Address Van Dyk Health Care 304 South Van Dien Avenue  City State Zip Code Midlewood Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Midlewood Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  City State Zip Code Nul 07450  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	NAME OF COMMITTEE (In Full)			
City State Zip Code MD 21037-4913  FEC ID number of contributing federal political committee.  Name of Employer DCHCA Association  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code MD 21037-4913  Date of Receipt MD 21037-4913  Date of Receipt MD 1 0 1 6 1 2 0 0 9 7 7 1 1 1 0 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Full Name (Last, First, Middle Initial) Veronica Damesyn-Sharpe			M M / D D / Y Y Y Y
Name of Employer   Decupation   Executive Director	Edgewater	MD 2		Transaction ID: C787716  Amount of Each Receipt this Period
Primary General Other (specify) ▼  State State Zip Code Mailing Address 102 Oakford Avenue  City State Zip Code MD 21037-4913  FEC ID number of contributing federal political committee.  Name of Employer DCHCA Association  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Roy David  Aggregate Year-to-Date ▼  State Zip Code Executive Director Receipt For: Primary General Other (specify) ▼  State Zip Code NJ 07450  Date of Receipt  Transaction ID: C792312  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: C792463  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period	federal political committee.	Occupation	ctor	300.00
Veronica Damesyn-Sharpe   Mailing Address 102 Oakford Avenue	Primary General Other (specify) ▼	Aggregate Year-		
City State Zip Code MD 21037-4913  FEC ID number of contributing federal political committee.  Name of Employer DCHCA Association  Receipt For: Por Javid  Mailing Address Van Dyk Health Care 304 South Van Dien Avenue  City State Zip Code Transaction ID: C792312  Amount of Each Receipt this Period  500.00  Date of Receipt  Transaction ID: C792312  Amount of Each Receipt this Period  500.00  Date of Receipt  Transaction ID: C792312  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C792463  Date of Receipt  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt this Period  Transaction ID: C792463  Amount of Each Receipt ID: Agoreal Administrator  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Transaction ID: C792463  Amount of Each Receipt ID: C792463	Veronica Damesyn-Sharpe	9		M M / D D / Y Y Y Y
Edgewater  MD 21037-4913  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer DCHCA Association  Receipt For: Primary General Other (specify) ▼  Name (Last, First, Middle Initial)  Roy David  Mailing Address Van Dyk Health Care 304 South Van Dien Avenue  City State Zip Code NJ 07450  FEC ID number of contributing federal political committee.  Name of Employer Van Dyk Health Care Administrator  Receipt For: Primary General Occupation Administrator  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	City	State Z	ip Code	
Name of Employer DCHCA Association   Executive Director	Edgewater	MD 2	1037-4913	
Receipt For:    Primary   General   Aggregate Year-to-Date   Sound		C		500.00
Primary General Other (specify) ▼    Booloo	Name of Employer DCHCA Association		ctor	
Roy David  Mailing Address Van Dyk Health Care 304 South Van Dien Avenue  City State Zip Code Ridgewood NJ 07450  FEC ID number of contributing federal political committee.  Name of Employer Van Dyk Health Care Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D / 2 0 0 9  Transaction ID: C792463  Amount of Each Receipt this Period  200.00	Primary General	Aggregate Year-t	1 1 1 1 1 1	
City State Zip Code Ridgewood NJ 07450  FEC ID number of contributing federal political committee.  Name of Employer Van Dyk Health Care  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1 0 1 6 2 0 0 9  Transaction ID: C792463  Amount of Each Receipt this Period  200.00		<b>-</b>		Date of Receipt
Ridgewood  FEC ID number of contributing federal political committee.  Name of Employer Van Dyk Health Care  Receipt For:  Primary  Other (specify)   Amount of Each Receipt this Period  200.00  Administrator  Aggregate Year-to-Date  350.00		e Avenue		
FEC ID number of contributing federal political committee.  Name of Employer Van Dyk Health Care  Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   350.00	•		•	
Receipt For: Primary Other (specify)	FEC ID number of contributing		7450	
Primary General Other (specify) ▼ 350.00	Name of Employer Van Dyk Health Care			
1000.00	Primary General	Aggregate Year-	1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	)		1000.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COM	oied from such Reports and St urposes, other than using the IMITTEE (In Full) alth Care Association Poli			on for the purpose of soliciting contributions solicit contributions from such committee.
Joseph DeMattos Mailing Address City		iation of M State MD	Zip Code	Date of Receipt  10 14 2009  Transaction ID: C791466
Columbia FEC ID number federal political of		C	21046	Amount of Each Receipt this Period  500.00
Name of Employ Information Receipt For: Primary Other (spe	General	_	on Requested  Year-to-Date ▼  500.00	
John Derr	First, Middle Initial) 2001 Piper Circle			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C792146
Anacortes		WA	98221-3125	Amount of Each Receipt this Period
FEC ID number federal political of		C		100.00
Name of Employ JD 7 Associates es	ver s Enterpris-	Occupation Partner	n	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 700.00	
John Derr	, First, Middle Initial)			Date of Receipt
Mailing Address	2001 Piper Circle			10 14 2009
City Anacortes		State WA	Zip Code 98221-3125	Transaction ID: C792203
FEC ID number federal political of		C	30221-3123	Amount of Each Receipt this Period
Name of Employ JD 7 Associated es	ver s Enterpris-	Occupation Partner	_	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 700.00	
SURTOTAL of Re	ceipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 22/93   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Judith Dicker			Date of Receipt
Mailing Address 18215 Hillside Aven	ue		10 08 2009
City	State NY	Zip Code	Transaction ID: C790122
Jamaica  FEC ID number of contributing federal political committee.	C	11432	Amount of Each Receipt this Period  1250.00
Name of Employer Hillside Manor	Occupation Executive	n e Director	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Stanley Dicker	<u> </u>		Date of Receipt
Mailing Address 18215 Hillside Ave			10 08 7 2009
City	State NY	Zip Code	Transaction ID: C790121
Jamaica FEC ID number of contributing federal political committee.	C	11432	Amount of Each Receipt this Period  1250.00
Name of Employer Hillside Manor Rehab Ctr	Occupation	n e Director	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) William Dunn			Date of Receipt
Mailing Address 870 Bexley Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marion	State OH	Zip Code 43302-5463	Transaction ID: C792505
FEC ID number of contributing federal political committee.	C	45302-5465	Amount of Each Receipt this Period  200.00
Name of Employer Marion Manor Nursing Hm Inc	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	]
	L		2700.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  Anerican Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial)  Gregory J. Elliot  Mailing Address AMFM, Inc. 240 Capitol Street  City State Zip Code Charleston  Name of Employer  Amount of Each Receipt  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  Gregory J. Elliot  Mailing Address AMFM, Inc. 240 Capitol Street  City State Zip Code Charleston  WV 25301-2297  FUll Name (Last, First, Middle Initial)  Gregory J. Elliot  Mailing Address AMFM, Inc. 240 Capitol Street  City State Zip Code Charleston  WV 25301-2297  FEC ID number of contributing federal political committee  C Capitol Street  City State Zip Code Amount of Each Receipt  FEC ID number of contributing federal political committee  C Capitol Street  C Capitol	PAGE 23 / 93
Full Name (Last, First, Middle Initial) Gregory J. Elliot  Mailing Address AMFM, Inc. 240 Capitol Street  City Charleston FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc. 240 Capitol Street  C  C  Capitol State Zip Code WV 25301-2297  C  C  Capitol State Zip Code MV 25301-2297  Amount of Each Receipt  FEC ID number of contributing federal political committee.  Receipt For: Primary General Other (specify) ▼  State Zip Code MV 25301-2297  Date of Receipt  Transaction ID: C7920  Amount of Each Receipt  Transaction ID: C7920  Amount of Each Receipt  C  C  City State Zip Code Transaction ID: C7973  Amount of Each Receipt  Transaction ID: C7908  Transaction ID: C7908  Transaction ID: C7908  Transaction ID: C7908  Amount of Each Receipt  Transaction ID: C7908  Trans	contributions
Mailing Address AMFM, Inc. 240 Capitol Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Primary General Other (specify) ▼  FUII Name (Last, First, Middle Initial) Gregory J. Elliot City Charleston  Name of Employer AMFM, Inc. 240 Capitol Street  City State Zip Code WV 25301-2297  Transaction ID: C7920  Amount of Each Receipt  Transaction ID: C7973  Charleston  WV 25301-2297  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc. Primary General Other (specify) ▼  Cupation Information Requested  Aggregate Year-to-Date ▼  Transaction ID: C7908  Amount of Each Receipt  Aggregate Year-to-Date ▼  Transaction ID: C7908  Amount of Each Receipt	
Charleston  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Receipt For:    Primary   General Other (specify) ▼	2009
FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Receipt For:	
AMF-M, Inc.  Receipt For:	100.00
Primary General Other (specify) ▼    A60.00	
Date of Receipt  Mailing Address AMFM, Inc. 240 Capitol Street  City Charleston WV 25301-2297  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc. Primary Other (specify) ▼  City State Zip Code Transaction ID: C7973  Amount of Each Receipt  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 1201 L Street NW  City Washington  FEC ID number of contributing federal political committee.  City City City State Zip Code Washington DC 20001  FEC ID number of contributing federal political committee.  Name of Employer Amount of Each Receipt  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  C  Transaction ID: C7908  Amount of Each Receipt	
City State Zip Code Transaction ID: C7973  Charleston WV 25301-2297  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet Mailing Address 1201 L Street NW  City State Zip Code Transaction ID: C7908 Washington DC 20001  FEC ID number of contributing federal political committee.  C  Transaction ID: C7973  Amount of Each Receipt  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  Amount of Each Receipt  Transaction ID: C7908  Amount of Each Receipt  Amount of Each Receipt  C  Name of Employer AHCA  Receipt For: Primary General  Aggregate Year-to-Date ▼	
Charleston  WV 25301-2297  Amount of Each Receipt  FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 1201 L Street NW  City State Zip Code Washington  FC ID number of contributing federal political committee.  Name of Employer AHCA  Name of Employer AHCA  Receipt For: Primary General  Occupation Education  Receipt For: Aggregate Year-to-Date ▼  Cambridge  Amount of Each Receipt  Transaction ID: C7908  Amount of Each Receipt  Aggregate Year-to-Date ▼  Amount of Each Receipt  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General	2009
FEC ID number of contributing federal political committee.  Name of Employer AMFM, Inc.  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 1201 L Street NW  City State Zip Code Transaction ID: C7908 Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Name of Employer AHCA  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	
Name of Employer AMFM, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet Mailing Address 1201 L Street NW  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General  Occupation Education  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  Aggregate Year-to-Date ▼  1 0 0 2  Transaction ID: C7908  Amount of Each Receipt  Aggregate Year-to-Date ▼	ot this Period
AMFM, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet Mailing Address 1201 L Street NW  City State Zip Code Washington DC 20001  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General  Information Requested Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	72.00
Receipt For:    Primary   General   Aggregate Year-to-Date ▼     Other (specify) ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial) Teresa Eyet  Mailing Address 1201 L Street NW  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General  A60.00  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  C	
Teresa Eyet  Mailing Address 1201 L Street NW  City State Zip Code  Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary General  Date of Receipt  Transaction ID: C7908  Amount of Each Receipt  C  Aggregate Year-to-Date ▼	
City State Zip Code Transaction ID: C7908  Washington DC 20001  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary General  Aggregate Year-to-Date ▼	
Washington  DC 20001  Amount of Each Receipt  C  Name of Employer AHCA  Receipt For:  Primary  General  Amount of Each Receipt  Aggregate Year-to-Date  Amount of Each Receipt  Aggregate Year-to-Date  Amount of Each Receipt	2009
FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary General  C  Occupation Education  Aggregate Year-to-Date	1840
federal political committee.  Name of Employer AHCA  Receipt For:  Primary General  Occupation Education  Aggregate Year-to-Date ▼	ot this Period
Receipt For:  Primary  General  Aggregate Year-to-Date  460.00	20.00
Primary General	
SUBTOTAL of Receipts This Page (optional)	192.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 93 (check only one)    X	
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American Health Care Association Po	olitical Action	Committee		
۷.	Full Name (Last, First, Middle Initial) Teresa Eyet			Date of Receipt	
	Mailing Address 1201 L Street NW			10 20 2009	
	City Washington	State DC	Zip Code 20001	Transaction ID: C796690  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer AHCA	Occupation Education			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00		
	Full Name (Last, First, Middle Initial) Teresa Eyet			Date of Receipt	
	Mailing Address 1201 L Street NW			10 29 2009	
	City	State	Zip Code	Transaction ID: C801568	
	Washington	DC	20001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer AHCA	Occupation Education			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	460.00	]	
_	Full Name (Last, First, Middle Initial) Susan Feeney			Date of Receipt	
	Mailing Address 7005 Metropolitan PI			10 02 7 2009	
	City	State	Zip Code	Transaction ID: C790883	
	Falls Church	VA	22043-2330	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		19.24	
	Name of Employer American Health Care Asso- ciation	<del>- '</del>	sident, Public Affairs		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.28		
	SUBTOTAL of Receipts This Page (optional)	1		59.24	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 93 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Health Care Association F	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Susan Feeney Mailing Address 7005 Metropolitan P  City Falls Church  FEC ID number of contributing federal political committee.	State VA	Zip Code 22043-2330	Date of Receipt    M M M
Name of Employer American Health Care Association Receipt For:  Primary  Other (specify) ▼	<del></del>	n sident, Public Affairs e Year-to-Date ▼ 442.28	]
Full Name (Last, First, Middle Initial) Susan Feeney Mailing Address 7005 Metropolitan P  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Asso-	State VA C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ciation Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Scott Fox	Aggregate	sident, Public Affairs  e Year-to-Date ▼  442.28	Date of Receipt
Mailing Address The Orchards at Fox 144 Fox Lane  City  Chester  FEC ID number of contributing federal political committee.	State WV	Zip Code 26034	Transaction ID: C792179  Amount of Each Receipt this Period  100.00
Name of Employer The Orchards at Foxcrest  Receipt For:  Primary  General  Other (specify) ▼	<del>'</del>	e Director  Year-to-Date ▼  600.00	]
SUBTOTAL of Receipts This Page (optional)			138.48

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 93 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	13 14 15 16 17  on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Fox  Mailing Address The Orchards at Form 144 Fox Lane City Chester  FEC ID number of contributing federal political committee.  Name of Employer The Orchards at Foxcrest  Receipt For: Primary General		Date of Receipt  M M M / D D C 2009  Transaction ID: C792321  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Jim Giardina Mailing Address 312 Solley Dr Rear City Ballwin  FEC ID number of contributing federal political committee.	State Zip Code MO 63021-5248	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Community Care Centers  Receipt For:  Primary General Other (specify) ▼	Occupation President  Aggregate Year-to-Date   5000.00	]
Full Name (Last, First, Middle Initial) Jim Giardina  Mailing Address 312 Solley Dr Rear  City Ballwin  FEC ID number of contributing federal political committee.	State Zip Code MO 63021-5248	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 5 2 0 0 9  Transaction ID: C792077  Amount of Each Receipt this Period  100.00
Name of Employer Community Care Centers  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date   5000.00	
SUBTOTAL of Receipts This Page (options	al)	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 27/93   (check only one)     X   11a
Ai	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association Poli	tical Action	Committee	
	Full Name (Last, First, Middle Initial) Jim Giardina			Date of Receipt
	Mailing Address 312 Solley Dr Rear			10 28 2009
	City Ballwin	State MO	Zip Code 63021-5248	Transaction ID: C797400  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	03021-3240	4675.00
	Name of Employer Community Care Centers	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
- 3.	Full Name (Last, First, Middle Initial) Patricia Giorgio			Date of Receipt
	Mailing Address Evergreen Estates 3410 12th Avenue SW	10 14 2009		
	City Cedar Rapids	State IA	Zip Code 52404-1307	Transaction ID: C791516  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Evergreen Estates	Occupatio Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2600.00	
_	Full Name (Last, First, Middle Initial) Patricia Giorgio			Date of Receipt
	Mailing Address Evergreen Estates 3410 12th Avenue SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cedar Rapids	State IA	Zip Code 52404-1307	Transaction ID: C792098  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32404-1307	400.00
	Name of Employer Evergreen Estates	Occupatio Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2600.00	
S	SUBTOTAL of Receipts This Page (optional)			5275.00

Mailing Address 11337 Louisiana Cir   City   State   Zip Code   MN   55438-2827   Transaction ID: C792121   Amount of Each Receipt this Period	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  Property for the purpose of soliciting contributions
A. Moki Groff  Mailing Address 11337 Louisiana Cir  City  State Zip Code  MN 55438-3827  FEC ID number of contributing federal political committee.  Receipt For:  Primary General Other (specify) ▼  City State Zip Code  MN 55438-3827  FEC D number of contributing federal political committee.  B. Minimp Address 11337 Louisiana Cir  City State Zip Code  MN 55438-3827  FEC D number of contributing federal political committee.  City State Zip Code  MN 55438-3827  FEC D number of contributing federal political committee.  Name of Employer Information Requested  Homemaker  Receipt For:  Primary General Occupation  Homemaker  Aggregate Year-to-Date ▼  Primary General Occupation  Homemaker  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code  Homemaker  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code  Bloomington Dia 14 2 2 0 0 9  Transaction ID: C791439  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C79152  Anount of Each Receipt this Period  Date of Receipt  Transaction ID: C79152  Amount of Each Receipt this Period  City State Zip Code  Bloomington MN S5438-2827  FEC ID number of contributing federal political committee.  City State Zip Code  Bloomington MN S5438-2827  FEC ID number of contributing federal political committee.  City General Occupation  Homemaker  Aggregate Year-to-Date ▼  Aggregate Year-	_	NAME OF COMMITTEE (In Full)			solicit contributions from such committee.
City   State   Zip Code   MN   55438-2827	∠ <b>A</b> .				Date of Receipt
Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Viola Groff  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Occupation Homemaker  Receipt For: Primary General Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  FUIl Name (Last, First, Middle Initial)  Viola Groff  Malling Address 11337 Louisiana Cir  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  City State Zip Code MN 55438-2827  FEC ID number of con		Mailing Address 11337 Louisiana Cir			
FEC ID number of contributing rederal political committee.   C				·	
Name of Employer Information Reduested  Receipt For:    Primary   General			MN	55438-2827	Amount of Each Receipt this Period
Receipt For:    Primary   General   Aggregate Year-to-Date ▼			C		100.00
Primary   General Other (specify)		Name of Employer Information Requested			
Date of Receipt   Mailing Address   11337 Louisiana Cir   State   Zip Code   Transaction ID: C791439		Primary General	Aggregate		
Mailing Address 11337 Louisiana Cir  City  Bloomington  MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Full Name (Last, First, Middle Initial)  City  Bloomington  Financy  City  State  State  Zip Code  Mn 55438-2827  Amount of Each Receipt this Period  Transaction ID: C791439  Amount of Each Receipt this Period  Toul Name (Last, First, Middle Initial)  City  State  Zip Code  Min 55438-2827  Fec ID number of contributing federal political committee.  Name of Employer Information Requested  Name of Employer Information Requested  Name of Employer Information Requested  Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date	– B.				Date of Receipt
Bloomington  MN 55438-2827  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  C. Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Name of Employer Information Requested  Receipt For:  Primary General Occupation  Homemaker  Receipt For:  Primary General Occupation  Homemaker  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C791512  Amount of Each Receipt this Period  Transaction Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C791512  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		Mailing Address 11337 Louisiana Cir			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  C.  Full Name (Last, First, Middle Initial) Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Name of Employer Receipt For:  Primary General Occupation Homemaker  Receipt For:  Primary General Aggregate Year-to-Date ▼		•		Zip Code	Transaction ID: C791439
Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  C.  Full Name (Last, First, Middle Initial) Vicki Groff Mailing Address 11337 Louisiana Cir  City Bloomington FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  100.00		FEC ID number of contributing		55438-2827	
Information Requested				n	
C. Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		Information Requested			
C. Vicki Groff  Mailing Address 11337 Louisiana Cir  City State Zip Code Bloomington MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate	1 1 1 1 1 1 1	
City Bloomington  State Zip Code MN 55438-2827  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify) ▼  State Zip Code MN 55438-2827  Amount of Each Receipt this Period  100.00  100.00	с. С.	,			Date of Receipt
Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  100.00  100.00  Amount of Each Receipt this Period  100.00		Mailing Address 11337 Louisiana Cir			
FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)  Other (specify)  Aggregate Year-to-Date  400.00		•		•	
Federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  400.00			MN	55438-2827	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)			C		100.00
Primary General Other (specify)		Name of Employer Information Requested			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			300.00

TOTAL This Period (last page this line number only) .....

Any information copied from such Reports and	Detailed Summary Page  d Statements may not be sold or used by any perso	X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Health Care Association F	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hugh J. Hall Mailing Address 50 Maude St  City Providence  FEC ID number of contributing federal political committee.  Name of Employer Elmhurst Extended Care  Receipt For: Primary General	State Zip Code RI 02908-4325  C  Occupation Administrator  Aggregate Year-to-Date  225.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gerald Hamilton Mailing Address 7612 Rio Penasco C City Albuquerque FEC ID number of contributing federal political committee.	1 0 0 0 0 0 0 0 0	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Bee Hive Homes of Albuque- rque Receipt For:  Primary General  Other (specify) ▼	Occupation Information Requested  Aggregate Year-to-Date   800.00	
Full Name (Last, First, Middle Initial) Gerald Hamilton Mailing Address 7612 Rio Penasco C City Albuquerque	Court NW  State Zip Code  NM 87120-5315	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Bee Hive Homes of Albuque- rque Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Information Requested  Aggregate Year-to-Date   800.00	
SUBTOTAL of Receipts This Page (optional	)	300.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 93 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Health Care Association F		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
7 American nealth date Association F	onical Action Committee	
Full Name (Last, First, Middle Initial) E.M. Gil M. Harrington		Date of Receipt
Mailing Address PO Box 699	10 02 2009	
City	State Zip Code	Transaction ID: C790209
Eastman	GA 31023-0699	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pine Care Services	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Bill Hartung	Date of Receipt	
Mailing Address 1210 Massachusetts #407	10 / 02 / 4 4 4 4	
City	State Zip Code	Transaction ID: C791200
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer American Health Care Asso- ciation	Occupation Information Requested	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 230.00	0
Full Name (Last, First, Middle Initial) Bill Hartung	Date of Receipt	
Mailing Address 1210 Massachusetts #407		10 20 7 2009
City	State Zip Code	Transaction ID: C796693
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer American Health Care Asso- ciation	Occupation Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)		1020.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Personal		
Full Name (Last, First, Middle Initial) Bill Hartung Mailing Address 1210 Massachusetts #407 City Washington	Avenue, NW  State Zip Code  DC 20005	Date of Receipt  10 29 2009  Transaction ID: C801573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date  230.00	10.00
Full Name (Last, First, Middle Initial) David Hebert  Mailing Address 7605 Ridgecrest Driv  City  Alexandria  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary  General  Other (specify)	e  State Zip Code VA 22308-1049  C  Occupation Senior Vice President of Advocacy Aggregate Year-to-Date  984.80	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Hebert  Mailing Address 7605 Ridgecrest Driv  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General Other (specify)	e  State Zip Code VA 22308-1049  C  Occupation Senior Vice President of Advocacy Aggregate Year-to-Date  984.80	Date of Receipt  M M J J J J Z D D 9  Transaction ID: C792137  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional)		148.47

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32/93   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Dr	10 20 2009		
City Alexandria	State VA	Zip Code 22308-1049	Transaction ID: C796695  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer AHCA	Occupation Senior Vi	n ice President of Advocacy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 984.80	
Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
Mailing Address 7605 Ridgecrest Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Transaction ID: C801576	
Alexandria  FEC ID number of contributing federal political committee.	C	22308-1049	Amount of Each Receipt this Period  38.47
Name of Employer AHCA	Occupation Senior V	n ice President of Advocacy	
Receipt For:  Primary General  Other (specify)	1 '	e Year-to-Date ▼ 984.80	
Full Name (Last, First, Middle Initial) Blaine Hendrickson			Date of Receipt
Mailing Address PO Box 7			1 0 0 1 2 0 0 9
City Rancho Mirage	State CA	Zip Code 92270-0007	Transaction ID: C790128  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92270-0007	2500.00
Name of Employer Legacy Healthcare	Occupation CEO	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	.0		2576.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 93 (check only one)    X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	onlical Action	Committee	
	Full Name (Last, First, Middle Initial) Boyd Hendrickson			Date of Receipt
	Mailing Address 27442 Portola Pkwy Ste 200			10 16 2009
	City	State	Zip Code	Transaction ID: C792547
	Foothill Ranch	CA	92610-2822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1350.00
	Name of Employer Skilled Healthcare	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1350.00	
	Full Name (Last, First, Middle Initial) Richard Herrick			Date of Receipt
	Mailing Address 33 Elk Street 300			10 13 YYYYY 2009
	City	State	Zip Code	Transaction ID: C792127
	Albany  FEC ID number of contributing federal political committee.	C	12207	Amount of Each Receipt this Period
	Name of Employer NYS Health Facilities Ass- ociation	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	]
	Full Name (Last, First, Middle Initial) Richard Herrick			Date of Receipt
	Mailing Address 33 Elk Street 300			10 16 2009
	City	State	Zip Code	Transaction ID: C792311
	Albany	NY	12207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NYS Health Facilities Ass- ociation	Occupation President	t	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)	1		1950.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 93   (check only one)   X   11a
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may ig the name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action (	Committee	
Full Name (Last, First, Middle Initial) Jane Hibbard-Merrill			Date of Receipt
Mailing Address Gulford St PO Bo	10 15 2009		
City Dover-Foxcroft	State ME	Zip Code 04426	Transaction ID: C792082  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07720	100.00
Name of Employer Hibbard Nsg Hm	Occupation Administra	ator	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Eric Holland	<u> </u>		Date of Receipt
Mailing Address 1677 Highway 9 N	10 14 2009		
City Pontotoc	State MS	Zip Code	Transaction ID: C792211
FEC ID number of contributing federal political committee.	C	38865	Amount of Each Receipt this Period  100.00
Name of Employer Sunshine Health Care, Inc.	Occupation Administra	ator	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) William D. Jacobson			Date of Receipt
Mailing Address 6000 Running Brook Drive			10 02 2009
City	State TX	Zip Code	Transaction ID: C787718
Joshua FEC ID number of contributing federal political committee.	C	76058-5775	Amount of Each Receipt this Period  500.00
Name of Employer P&M Healthcare Enterprises	Occupation Owner		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		700.00

SCHEDULE I	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 93 (check only one)    X   11a
NAME OF COM				on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Douglas Johnson Mailing Address  City West Des Moi FEC ID number federal political control of Employ Hawkeye Care Control of Primary Other (spe	of contributing committee.  er enters, Inc.  General	State IA  C  Occupation President Aggregate		Date of Receipt  10 14 2009  Transaction ID: C791492  Amount of Each Receipt this Period  100.00
Full Name (Last, Bonita Jones Mailing Address  City  Denver  FEC ID number federal political commendation Requirements of Employ Information Requirements Primary  Other (spe	ommittee. er juested General	State CO C	Zip Code 80203	Date of Receipt    M M M
Full Name (Last, Kristin Kemper Mailing Address  City  Avon  FEC ID number federal political content of Employ Information Requirements of Employer Information Requirements of Employer Information	ommittee. er uested General		Zip Code 44011  n on Requested Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Rec	ceipts This Page (optional)			1950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 93 (check only one)  X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	13 14 15 16 1 16 1 17 1 18 1 19 1 19 1 19 1 19 1 19 1 19
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial)  Terri Kern  Mailing Address PO Box 1140		Date of Receipt
City	State Zip Code	1 0 1 6 2 0 0 9  Transaction ID: C792533
Sandia Park	NM 87047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sun Healthcare Group, Inc.	Occupation SVP Corporate Communications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Cheryl Killian		Date of Receipt
Mailing Address 3801 Woodside Dr		10 23 7 2009
City	State Zip Code	Transaction ID: C797401
<u>Arlington</u>	TX 76016-3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Legacy Care Centers Inc.	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Michael Kirsch		Date of Receipt
Mailing Address Cypress Health Care 4716 Cupper Drive		10 13 2009
City Bradenton	State Zip Code FL 34208	Transaction ID: C791350  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Cypress Health Care	Occupation Regional President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (optional)	·	225.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 93 (check only one)    X
<i>A</i>	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)  Jody Knox  Mailing Address 1905 West Pierce Str	eet		Date of Receipt  1 0 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C790836
	Carlsbad  FEC ID number of contributing federal political committee.	C	88220-4025	Amount of Each Receipt this Period  250.00
	Name of Employer Lakeview Christian Home of the Southwe Receipt For:  Primary General Other (specify) ▼	Occupation Administ Aggregate		
-	Full Name (Last, First, Middle Initial)  Jody Knox  Mailing Address 1905 West Pierce Str	eet		Date of Receipt  1 0 1 6 2 0 0 9
	City	State	Zip Code	10 16 2009  Transaction ID: C792458
	<u>Carlsbad</u>	NM	88220-4025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Lakeview Christian Home of the Southwe	Occupation Administ	rator	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mary Jo Kurtz			Date of Receipt
	Mailing Address 304 South Van Dien A	Avenue		10 16 2009
	City	State	Zip Code	Transaction ID: C792478
	Ridgewood	NJ	07450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Van Dyk Health Care	Occupation Chief Op	n erating Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional) .		<b>1</b>	750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Politi	cal Action	Committee	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South			10 02 2009
City	State	Zip Code	Transaction ID: C791205
Arlington  FEC ID number of contributing	VA	22206	Amount of Each Receipt this Period
federal political committee.	C		39.56
Name of Employer AHCA	Occupation	n Assisted Living	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 909.88	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C796701
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupation Director,	n Assisted Living	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 909.88	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: C801578
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupation Director,	n Assisted Living	
Receipt For:  Primary General  Other (specify) ▼	1	Year-to-Date ▼ 909.88	
SUBTOTAL of Receipts This Page (optional)		·····	118.68

TOTAL This Period (last page this line number only) ......

An or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P Full Name (Last, First, Middle Initial)	ne name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	American Health Care Association P	olitical Action		
<b>∠_</b> <b>A.</b>	Full Name (Last, First, Middle Initial)		Committee	
	David LaLumia			Date of Receipt
	Mailing Address 12761 South Wacous	sta Road		10 16 2009
	City	State	Zip Code	Transaction ID: C792455
	Eagle	MI	48822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer HCAM	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
 3.	Full Name (Last, First, Middle Initial) Larry Lane			Date of Receipt
	Mailing Address 101 E State St			10 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C792122
	Kennett Square	<u>PA</u>	19348-3109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Genesis	Occupation Sr VP, Re	n egulatory Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
 ;.	Full Name (Last, First, Middle Initial) Randy Lee			Date of Receipt
	Mailing Address 176 Laurelhurst Ave			10 / 14 / 2009
	City	State	Zip Code	Transaction ID: C791475
	Columbia	SC	29210-3824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer South Carolina HIth Care Assn	Occupation Executive	n e Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
S	JBTOTAL of Receipts This Page (optional)			1200.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association Po	olitical Action	Committee	
<b>4</b> .	Full Name (Last, First, Middle Initial) Theodore Lee			Date of Receipt
	Mailing Address 700 Hanover St  City	State	Zip Code	10 15 2009
	Manchester	NH	03104-5309	Transaction ID: C792074  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Hanover Hill Health Care	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2100.00	
— В.	Full Name (Last, First, Middle Initial) Brett Lessley			Date of Receipt
	Mailing Address Claremore Nursing H 920 East 16th Street			10 14 2009
	City Claremore	State OK	Zip Code 74017	Transaction ID: C791474
	FEC ID number of contributing federal political committee.	C	14017	Amount of Each Receipt this Period  300.00
	Name of Employer Claremore Nursing Home	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 300.00	]
_ c.	Full Name (Last, First, Middle Initial) Joan Levering			Date of Receipt
	Mailing Address 201 Main Street			10 14 2009
	City	State	Zip Code	Transaction ID: C792205
	Mount Vernon  FEC ID number of contributing federal political committee.	ОН	43050	Amount of Each Receipt this Period  100.00
	Name of Employer Levering Mgm.	Occupation Administ		7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			500.00
t	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 41 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association			
Full Name (Last, First, Middle Initial) Joan Levering Mailing Address 201 Main Street			Date of Receipt  10 14 2009
City Mount Vernon	State Zip C OH 4305		Transaction ID: C792218  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation		100.00
Name of Employer Levering Mgm.  Receipt For:  Primary  General  Other (specify) ▼	Administrator Aggregate Year-to-D	ate ▼ 300.00	
Full Name (Last, First, Middle Initial) Joan Levering Mailing Address 201 Main Street			Date of Receipt  10 16 2009
City	State Zip C	ode	Transaction ID: C792518
Mount Vernon	OH 4305	0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Levering Mgm.	Occupation Administrator		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	300.00	
Full Name (Last, First, Middle Initial) Peter J. Licari			Date of Receipt
Mailing Address 200 Dryden Road Suite 2000			10 16 7 2009
City Dresher	State Zip C PA 1902		Transaction ID: C792564
FEC ID number of contributing federal political committee.	C 1902		Amount of Each Receipt this Period  1250.00
Name of Employer Complete Healthcare Resou- rces	Occupation President/ Chief E		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	5000.00	
SUBTOTAL of Receipts This Page (optional	n		1450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
۱.	Full Name (Last, First, Middle Initial) Paul Liistro  Mailing Address 1 Meadow Brook Coul			Date of Receipt
				10 02 2009
	City Westport	State CT	Zip Code 06880	Transaction ID: C787717  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		801.00
	Name of Employer Arbors of Hop Brook, LTD	Occupatio CEO	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Kelli Likes	1		Date of Receipt
	Mailing Address 1221 N Mildred Road			10 13 2009
	City	State	Zip Code	Transaction ID: C791341
	Cortez  FEC ID number of contributing federal political committee.	CO	81321-2218	Amount of Each Receipt this Period  100.00
	Name of Employer The Valley Inn	Occupatio Administ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
_	Full Name (Last, First, Middle Initial) Kelli Likes			Date of Receipt
	Mailing Address 1221 N Mildred Road			10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C792129
	Cortez  FEC ID number of contributing federal political committee.	CO	81321-2218	Amount of Each Receipt this Period
	Name of Employer The Valley Inn	Occupatio Administ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Г	SUBTOTAL of Receipts This Page (optional)			1001.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 43 / 93   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association	<u> </u>		
Full Name (Last, First, Middle Initial) Howard Lipschutz			Date of Receipt
Mailing Address 1304 Laurel Oak F	Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C797366
Voorhees  FEC ID number of contributing federal political committee.	NJ C	08043-4310	Amount of Each Receipt this Period  125.00
Name of Employer Burnt Tavern Rehabilation HealthCare Receipt For: Primary General Other (specify)	Occupatio Vice Pres Aggregate		1
Full Name (Last, First, Middle Initial) Dawna Lucky Mailing Address 26079 East Phillips	s Place	0 0 0 0 0 0 0	Date of Receipt
City	State	Zip Code	10 13 2009 Transaction ID: C792110
Aurora	CO	80016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Information Requested	Occupatio Informati	n on Requested	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 301.00	
Full Name (Last, First, Middle Initial) Dawna Lucky			Date of Receipt
Mailing Address 26079 East Phillips	s Place		10 14 2009
City	State	Zip Code	Transaction ID: C792186
Aurora  FEC ID number of contributing federal political committee.	C	80016	Amount of Each Receipt this Period  100.00
Name of Employer Information Requested	Occupatio Informati	n on Requested	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 301.00	
SUBTOTAL of Receipts This Page (option	al)		325.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action	n Committee	
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dawna Lucky			Date of Receipt
	Mailing Address 26079 East Phillips Pl			10 16 2009
	City Aurora	State CO	Zip Code 80016	Transaction ID: C792542
	FEC ID number of contributing federal political committee.	C	30010	Amount of Each Receipt this Period  101.00
	Name of Employer Information Requested	Occupation Informat	on ion Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 301.00	
— В.	Full Name (Last, First, Middle Initial) Cindy Luxem			Date of Receipt
	Mailing Address 117 SW 6th Street Suite 200			10 14 2009
	City Topeka	State KS	Zip Code 66606	Transaction ID: C791476
	FEC ID number of contributing federal political committee.	C	60000	Amount of Each Receipt this Period 750.00
	Name of Employer Kansas Health Care Associ- ation	Occupation State Ex		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
— D.	Full Name (Last, First, Middle Initial) Terry Mace			Date of Receipt
	Mailing Address 609 Highline Drive			10 02 2009
	City	State	Zip Code	Transaction ID: C790833
	East Wenatchee  FEC ID number of contributing federal political committee.	C	98802-5603	Amount of Each Receipt this Period 250.00
	Name of Employer Triple C Healthcare Servi- ces	Occupation Administration		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional) .			1101.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45/93   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) R. Peter Madel, Jr.			Date of Receipt
Mailing Address 108 8th St NW			10 13 2009
City Waseca	State MN	Zip Code 56093-1912	Transaction ID: C792364
FEC ID number of contributing federal political committee.	C	36093-1912	Amount of Each Receipt this Period 250.00
Name of Employer Lake Shore Inn Nursing Ho- me	Occupation CEO	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jeffrey Matthews	<b>I</b>		Date of Receipt
Mailing Address 24/7 Long Term Ca 450 South 400 Eas			10 12 YYYYY
City Bountiful	State UT	Zip Code 84010	Transaction ID: C791198
FEC ID number of contributing federal political committee.	C	04010	Amount of Each Receipt this Period  300.00
Name of Employer 24/7 Long Term Care, Inc.	Occupation	n on Requested	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Jami May			Date of Receipt
Mailing Address 409 Quail Hollow			M M / D D / Y Y Y Y Y Y Y 1 1 0 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: C790460
Mesquite  FEC ID number of contributing federal political committee.	C	75150	Amount of Each Receipt this Period  150.00
Name of Employer Daybreak	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46/93   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Jami May			Date of Receipt
Mailing Address 409 Quail Hollow			10 14 2009
City	State	Zip Code	Transaction ID: C792217
Mesquite  FEC ID number of contributing federal political committee.	C	75150	Amount of Each Receipt this Period  100.00
Name of Employer Daybreak	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Debbie McLarty	<b>I</b>		Date of Receipt
Mailing Address Sun Health Care G 101 Sun Avenue NI			10 16 2009
City Albuguergue	State NM	Zip Code 87109	Transaction ID: C792461  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07100	300.00
Name of Employer Sun Health Care Group, Inc	Occupation	n on Requested	
Receipt For:  Primary General  Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Michael Meillier			Date of Receipt
Mailing Address 27 Brand Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Faribault	State MN	Zip Code 55021-6411	Transaction ID: C790182
FEC ID number of contributing federal political committee.	C	JJU21-0411	Amount of Each Receipt this Period 75.00
Name of Employer Pleasant Manor Inc	Occupation Social Se	n ervices Dir	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	.1)		475.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 93 (check only one)    X   11a
or 1	or commercial purposes, other than using t	Statements mand and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association P	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Cecile Menard			Date of Receipt
	Mailing Address 22 Hunt St  City	State	Zip Code	10 14 2009
	Nashua	NH	03060-4426	Transaction ID: C791524  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Courville at Nashua	Occupatio Administ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 201.00	
	Full Name (Last, First, Middle Initial) Arlene Miles	<u> </u>		Date of Receipt
	Mailing Address 6061 South Brook Va	alley		10 14 7 2009
	City	State	Zip Code	Transaction ID: C792183
	Centennial FEC ID number of contributing federal political committee.	CO	80121-3103	Amount of Each Receipt this Period  100.00
	Name of Employer Colorado Health Care Asso- ciation	Occupatio State Ex		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	Full Name (Last, First, Middle Initial) Arlene Miles	l		Date of Receipt
	Mailing Address 6061 South Brook Va	alley		10 15 2009
	City	State	Zip Code	Transaction ID: C792080
	Centennial FEC ID number of contributing federal political committee.	CO	80121-3103	Amount of Each Receipt this Period  100.00
	Name of Employer Colorado Health Care Asso- ciation	Occupatio State Ex		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
SI	JBTOTAL of Receipts This Page (optional)			300.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for c	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Health Care Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mail City Cin FEC	Name (Last, First, Middle Initial) gory Miller ing Address 9441 Bainwoods Dr  cinnati C ID number of contributing eral political committee.  the of Employer MG	State OH C	Zip Code 45249-3602	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rec	eipt For:  Primary General  Other (specify) ▼	NHA Aggregate	e Year-to-Date ▼ 575.00	]
Mail City Cin FEC	cinnati CID number of contributing eral political committee.	State OH	Zip Code 45249-3602	Date of Receipt  M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	eipt For: Primary General Other (specify)	Occupatio NHA Aggregate	e Year-to-Date ▼ 575.00	]
Mich Mail City Bea	averton	State OR	Zip Code 97007-8637	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
han Nan Ava	DID number of contributing prai political committee.  The of Employer mere Health Services  The primary General Other (appeign) The Control of	Occupatio Sharehol Aggregate		100.00
SUBT	Other (specify) ▼  OTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 93   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Thomas Moore			Date of Receipt
Mailing Address 121 East Wilson Str Suite L200	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Madison	State WI	Zip Code 53703-3586	Transaction ID: C792442  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wisconsin Health Care Ass-	Occupation Executive	n e Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton	<b>I</b>		Date of Receipt
Mailing Address 4609 Overbrook Roa	ad		10 02 YYYYY 10 02 2009
City	State	Zip Code	Transaction ID: C791206
Bethesda	MD	20816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.63
Name of Employer American Health Care Asso- ciation	Occupation Governm	n nent Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	770.55	
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton			Date of Receipt
Mailing Address 4609 Overbrook Roa	ad		10 15 2009
City	State	Zip Code	Transaction ID: C792095
Bethesda F50 ID	MD	20816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer American Health Care Asso- ciation		nent Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	770.55	
			440.63

			for each category of the Detailed Summary Page	(check only one)    X   11a
or for	commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) merican Health Care Association Po	litical Action	Committee	
<b>1.</b> <u>Cy</u>	II Name (Last, First, Middle Initial) Inthia Klisz Morton			Date of Receipt
	ailing Address 4609 Overbrook Road		7: 0 1	10 20 2009
Cit	y ethesda	State MD	Zip Code 20816	Transaction ID: C796702
FE	EC ID number of contributing deral political committee.	C	20010	Amount of Each Receipt this Period  90.63
	ume of Employer nerican Health Care Asso- tion	Occupatio Governm	nent Affairs	
	oceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 770.55	
<b>3.</b> <u>Cy</u>	Il Name (Last, First, Middle Initial) Inthia Klisz Morton	1		Date of Receipt
IVIa	ailing Address 4609 Overbrook Road			10 29 2009
Cit	у	State	Zip Code	Transaction ID: C801579
<u>Be</u>	ethesda	MD	20816	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		90.63
An	ime of Employer nerican Health Care Asso- ation	Occupatio Governm	n nent Affairs	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 770.55	
	Il Name (Last, First, Middle Initial) chael Morton			Date of Receipt
Ma	ailing Address 415 Rogers Avenue			10 05 7 2009
Cit	•	State	Zip Code	Transaction ID: C790218
<u>Fc</u>	ort Smith	AR	72901-1903	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		1250.00
Се <u>Се</u>	ume of Employer entral Arkansas Nursing enters	Occupatio Owner	_	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
SUB.	TOTAL of Receipts This Page (optional)			1431.26

or for commercia  NAME OF C  American H  Full Name (L  Jeff Mukamal  Mailing Addra  City  Smithfield  FEC ID numl federal politic  Name of Em  Brookshire P ions  Receipt For:  Primary	al purposes, other than using the OMMITTEE (In Full) Health Care Association Polast, First, Middle Initial)  Bess Brookshire Provinet S 1096 N Lakeside Drive Deer of contributing all committee.	Solutions State NC Occupation Treasure	Committee  Zip Code 27577	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Jeff Mukamal Mailing Addre City Smithfield FEC ID numl federal politic Name of Emp Brookshire P ions Receipt For: Primary	Brookshire Provinet S 1096 N Lakeside Driv  Der of contributing al committee.  Doloyer rovinet Solut-  General specify)	State NC C Occupatio Treasure	n er & VP of Healthcare Consult er Year-to-Date ▼	Transaction ID: C791462  Amount of Each Receipt this Period  300.00
Smithfield  FEC ID numl federal politice  Name of Employshire Plons Receipt For:  Primary	pal committee.  poloyer rovinet Solut-  gradient General specify)	Occupatio Treasure	n er & VP of Healthcare Consult er Year-to-Date ▼	Amount of Each Receipt this Period 300.00
FEC ID numl federal politice.  Name of Emprookshire Pions Receipt For: Primary	pal committee.  poloyer rovinet Solut-  gradient General specify)	Occupatio Treasure	n er & VP of Healthcare Consult e Year-to-Date ▼ 420.00	300.00
ions Receipt For: Primary	y ☐ General specify) ▼	Treasure	r & VP of Healthcare Consult Year-to-Date ▼ 420.00	tin
	ast, First, Middle Initial)			
Steve Mulder	ess 7300 Del Pardo Stree	et		Date of Receipt  1 0 0 8 2 0 0 9
City		State	Zip Code	Transaction ID: C792151
Boca Rator	n	FL	33433	Amount of Each Receipt this Period
	oer of contributing al committee.	C		250.00
Name of Emp Whitehall Bo	oloyer ca	Occupatio Owner	n	
Receipt For: Primary Other (	y General specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (L Dennis Murra	ast, First, Middle Initial)			Date of Receipt
Mailing Addre	ess 232 W Rockwell Ave			10 13 YYYY 2009
City		State	Zip Code	Transaction ID: C791348
Soldotna		AK	99669-7411	Amount of Each Receipt this Period
federal politic	per of contributing all committee.	C		100.00
Name of Emp Heritage Place	oloyer ce	Occupatio Administ		
Receipt For: Primary Other (	y General specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of	Receipts This Page (optional)	1	<b>)</b>	650.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate scho for each category Detailed Summary	of the
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Murray Mailing Address 232 W Rockwell Ave		Date of Receipt
City	State Zip Code	1 0 1 4 2 0 0 9 Transaction ID: C791472
Soldotna	AK 99669-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Heritage Place	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Michael A Newton		Date of Receipt
Mailing Address 1430 Progress Way Ste 108		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C792139
Eldersburg FEC ID number of contributing federal political committee.	MD 21784-6484	Amount of Each Receipt this Period  100.00
Name of Employer Nexion Health	Occupation Director of Human Resource	ees
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Michael A Newton		Date of Receipt
Mailing Address 1430 Progress Way Ste 108		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eldersburg	State Zip Code MD 21784-6484	Transaction ID: C792196
FEC ID number of contributing federal political committee.	C 21704-0404	Amount of Each Receipt this Period  100.00
Name of Employer Nexion Health	Occupation Director of Human Resource	ees
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
SUBTOTAL of Receipts This Page (optional) .	1	400.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 93 (check only one)    X   11a
or for co	rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) erican Health Care Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Franc	Name (Last, First, Middle Initial) cesca Fierro O'Reilly ng Address 4005 Nellie Custis Dr	State	Zip Code	Date of Receipt    M
FEC	ngton  ID number of contributing ral political committee.	C	22207-5107	Amount of Each Receipt this Period 20.00
<u>onal</u>	e of Employer birector of Congressi- Affairs eipt For: Primary General Other (specify)		n Health Care Association  Year-to-Date ▼  560.00	
Franc	Name (Last, First, Middle Initial) cesca Fierro O'Reilly ng Address 4005 Nellie Custis Dr			Date of Receipt  10 13 2009
City		State	Zip Code	Transaction ID: C792117
FEC	ngton  ID number of contributing ral political committee.	C	22207-5107	Amount of Each Receipt this Period 100.00
<u>onal</u>	e of Employer irector of Congressi- Affairs ipt For: Primary General Other (specify)		n Health Care Association  Year-to-Date ▼  560.00	1
Franc	Name (Last, First, Middle Initial) cesca Fierro O'Reilly			Date of Receipt
	ng Address 4005 Nellie Custis Dr			10 20 2009
City Arlir	ngton	State VA	Zip Code 22207-5107	Transaction ID: C796705  Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		20.00
<u>onal</u>	e of Employer Director of Congressi- Affairs		n Health Care Association	
Hece	oipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	
SUBTO	PTAL of Receipts This Page (optional)			140.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ie name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	i Committee	
	Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly			Date of Receipt
	Mailing Address 4005 Nellie Custis Dr			10 29 2009
	City	State	Zip Code	Transaction ID: C801581
	Arlington	VA	22207-5107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Sr. Director of Congressi- onal Affairs	Occupation America	n Health Care Association	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		560.00	
_	Full Name (Last, First, Middle Initial) Mary Ousley			Date of Receipt
	Mailing Address 101 Bittersweet Drive	•		10 15 2009
	City	State	Zip Code	Transaction ID: C792081
	Richmond	KY	40475-8639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation Consulta		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1200.00	
	Full Name (Last, First, Middle Initial) Mary Ousley			Date of Receipt
	Mailing Address 101 Bittersweet Drive	•		10 16 2009
	City	State	Zip Code	Transaction ID: C792309
	Richmond	KY	40475-8639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation Consulta		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify)		1200.00	
				220.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Julie Painter  Mailing Address 3614 Connecticut Ave	NW		Date of Receipt
	Apt 22 City Washington	State DC	Zip Code 20008-2436	Transaction ID: C791208  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		11.54
	Name of Employer AHCA  Receipt For:  Primary General  Other (specify) ▼		on director of Constituency Affair e Year-to-Date ▼ 265.38	]
- 3.	Full Name (Last, First, Middle Initial)  Julie Painter  Mailing Address 3614 Connecticut Ave Apt 22	NW		Date of Receipt  10 20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State DC	Zip Code	Transaction ID: C796708
	Washington FEC ID number of contributing federal political committee.	C	20008-2436	Amount of Each Receipt this Period  11.54
	Name of Employer AHCA	Occupation Senior D	n irector of Constituency Affair	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 265.38	
- C.	Full Name (Last, First, Middle Initial) Julie Painter			Date of Receipt
-	Mailing Address 3614 Connecticut Ave Apt 22	NW		10 29 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20008-2436	Transaction ID: C801582  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.54
	Name of Employer AHCA	Occupation Senior D	n irector of Constituency Affair	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 265.38	
	SUBTOTAL of Receipts This Page (optional)			34.62
T	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association P	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Jeffrey Parrish			Date of Receipt
	Mailing Address 11156 Sardis-Scotts			10 13 2009
	City Scotts Hill	State TN	Zip Code 38374	Transaction ID: C792360  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Tennessee Health Manageme- nt	Occupation General		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) William J. Pascocello  Mailing Address 822 Cedar Avenue			Date of Receipt
	City	State	Zip Code	10 13 2009
	Niagara Falls	NY	14301	Transaction ID: C792130  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Niagara Nursing and Rehab- ilitation	Occupation Partner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
. –	Full Name (Last, First, Middle Initial) William J. Pascocello			Date of Receipt
	Mailing Address 822 Cedar Avenue			10 14 2009
	City Niagara Falls	State NY	Zip Code 14301	Transaction ID: C791471
	FEC ID number of contributing federal political committee.	C	14301	Amount of Each Receipt this Period  1000.00
	Name of Employer Niagara Nursing and Rehab- ilitation	Occupation Partner	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)			1225.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 57 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (I.e. F. III)	Statements may not be so the name and address of a	old or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association P	olitical Action Commi	ttee	
۸.	Full Name (Last, First, Middle Initial) Rich Pell			Date of Receipt
	Mailing Address 21 Greystone Drive	0::	0.1	10 13 2009
	City Shepherdstown		Code 43-4075	Transaction ID: C792111  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10 10/0	100.00
	Name of Employer Genesis	Occupation SR VP		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-l	Date ▼ 1200.00	
- 3.	Full Name (Last, First, Middle Initial) Rich Pell	·		Date of Receipt
	Mailing Address 21 Greystone Drive			10 14 2009
	City	· ·	Code	Transaction ID: C792224
	Shepherdstown  FEC ID number of contributing federal political committee.	WV 254	43-4075	Amount of Each Receipt this Period  100.00
	Name of Employer Genesis	Occupation SR VP		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-l	Date ▼ 1200.00	
_ :	Full Name (Last, First, Middle Initial) Wade Peterson	Date of Receipt		
	Mailing Address MedCenter One Care 201 14th Street NW			10 16 2009
	City Mandan		Code 54-2063	Transaction ID: C792305
	FEC ID number of contributing federal political committee.	C 383	34-2063	Amount of Each Receipt this Period
	Name of Employer MedCenter One Care Center	Occupation Administrator		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-l	Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1		300.00

A.

В.

C.

			1
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 93
ITEMIZED RECEIPTS		for each category of the	(check only one)
TI LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Debra Pizzulo			Date of Receipt
Mailing Address 10281 NW 54 PL			10 14 2009
City	State	Zip Code	Transaction ID: C791509
Coral Springs	FL	33076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Cypress Health Care Manag- ement	Occupation VP of Ac	n cts. Receivable	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) John Poirier			Date of Receipt
Mailing Address 21 Rasanen Drive			10 14 2009
City	State	Zip Code	Transaction ID: C791496
Chichester	NH	03258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer New Hampshire Health Care Association	Occupation Exec Dire		
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) John Poirier			Date of Receipt
Mailing Address 21 Rasanen Drive			10 16 2009
City	State	Zip Code	Transaction ID: C792443
Chichester	NH	03258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer New Hampshire Health Care Association	Occupation Exec Dire		
Receipt For:	Aggregate	Year-to-Date	
Primary General	55 5		1
Other (specify) ▼	0 0	350.00	

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 93 (check only one)    X   11a		
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)  American Health Care Association P	olitical Action	n Committee			
Α.	Full Name (Last, First, Middle Initial) Daniel Rader  Mailing Address 1503 South Main Str.			Date of Receipt		
				10 14 2009		
	City Phillipsburg	State NJ	Zip Code 08865	Transaction ID: C792165  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Care Perspectives, Inc.	Occupation	on ion Requested			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00			
_ В.	Full Name (Last, First, Middle Initial) Daniel Rader			Date of Receipt		
	Mailing Address 1503 South Main Str	Mailing Address 1503 South Main Street				
	City	State	Zip Code	Transaction ID: C792326		
	Phillipsburg	NJ	08865	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Care Perspectives, Inc.	Occupation Informat	on ion Requested			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1200.00			
с. С.	Full Name (Last, First, Middle Initial) Roland Rapp			Date of Receipt		
	Mailing Address 3308 Ocean Bouleva	rd		10 16 2009		
	City	State	Zip Code	Transaction ID: C792303		
	Corona Del Mar  FEC ID number of contributing federal political committee.	CA	92625-3256	Amount of Each Receipt this Period 500.00		
	Name of Employer Skilled Healthcare Group	Occupation General				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
	SUBTOTAL of Receipts This Page (optional)			1700.00		
卜	TOTAL This Period (last page this line number		<u> </u>			

ΙΤ	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  The property of the such Reports and Section 1.15	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 93  (check only one)    X
or	for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Health Care Association Pol	name and ad	dress of any political committee to	) solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Sally Rapp  Mailing Address 3308 Ocean Bld Suite 280  City Corona Del Mar  FEC ID number of contributing federal political committee.  Name of Employer SR Management Svcs. Inc.  Receipt For: Primary General Other (specify)	State CA C Occupation CEO Aggregate	Zip Code 92625  on e Year-to-Date ▼ 5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 6 2 0 0 9  Transaction ID: C792355  Amount of Each Receipt this Period  1250.00
 B.	Full Name (Last, First, Middle Initial) Richard Rau  Mailing Address 3939 S 92nd Street  City  Greenfield  FEC ID number of contributing federal political committee.  Name of Employer Clement Manor Inc.  Receipt For:  Primary General Other (specify)	State WI C Occupation CEO Aggregate	Zip Code 53228-2140	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Thomas G. Rau  Mailing Address Nexcare Health System PO Box 2215  City Brighton  FEC ID number of contributing federal political committee.  Name of Employer Nexcare Health Systems, Inc. Receipt For: Primary General Other (specify)	State MI  C  Occupation Owner	Zip Code 48116  on e Year-to-Date ▼ 5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
$\vdash$	SUBTOTAL of Receipts This Page (optional)			2625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 93 (check only one)    X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Jon Reardon Mailing Address Hoyt Nursing & Rehab	Contro		Date of Receipt
	1202 Weiss Street	Centre		10 14 2009
	City	State	Zip Code	Transaction ID: C792221
	Saginaw FEC ID number of contributing federal political committee.	C	48602-5471	Amount of Each Receipt this Period  100.00
	Name of Employer Hoyt Nursing & Rehab Cent- re Receipt For:  Primary General Other (specify) ▼	Occupatio Owner Aggregate	e Year-to-Date ▼	
- 3.	Full Name (Last, First, Middle Initial) Jon Reardon	Operation	0 0 0 0 0 0 0	Date of Receipt
	Mailing Address Hoyt Nursing & Rehab 1202 Weiss Street	Centre		10 27 2009
	City	State	Zip Code	Transaction ID: C797369
	Saginaw  FEC ID number of contributing federal political committee.	C	48602-5471	Amount of Each Receipt this Period 500.00
	Name of Employer Hoyt Nursing & Rehab Cent- re	Occupatio Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	Full Name (Last, First, Middle Initial) Emmett Reed	1		Date of Receipt
	Mailing Address Florida Health Care As PO Box 1459	ssociation		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C791485
	Tallahassee	<u>FL</u>	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		333.00
	Name of Employer Florida Health Care Assoc- iation	Occupatio Executive	n e Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 433.00	
	SUBTOTAL of Receipts This Page (optional)			933.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Emmett Reed  Mailing Address Florida Health Care As  PO Box 1459  City  Tallahassee	State Zip Code FL 32301	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer Florida Health Care Association Receipt For:  Primary General Other (specify)	Occupation Executive Director  Aggregate Year-to-Date   433.00	100.00
Full Name (Last, First, Middle Initial) Stephen Reissman  Mailing Address 5120 W Goldleaf Circl Suite 400  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer Country Villa Health Services Receipt For: Primary General Other (specify)	e  State Zip Code CA 90056-1297  C  Occupation President/CEO  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Jacque Roberts  Mailing Address Tara Cares 2372 Talking Rocks R  City  Branson West  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)	State Zip Code MO 65737  C  Occupation Information Requested  Aggregate Year-to-Date  300.00	Date of Receipt  10 13 2009  Transaction ID: C791339  Amount of Each Receipt this Period  300.00
SUBTOTAL of Receipts This Page (optional)		4150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Rotolo  Mailing Address 529 Pear Orchard Suite C  City Ridgeland  FEC ID number of contributing federal political committee.  Name of Employer Harahan Guest House  Receipt For: Primary General	State MS  C Occupatio Owner Aggregate	e Year-to-Date ▼	Date of Receipt  10 14 2009  Transaction ID: C792223  Amount of Each Receipt this Period  100.00
_ В.	Other (specify)  Full Name (Last, First, Middle Initial) Shelley Sabo Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION City Burke  FEC ID number of contributing federal political committee.	State VA	Zip Code 22015-4061	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer NCAL  Receipt For:     Primary		n Assisted Living e Year-to-Date ▼ 230.00	]
 C.	Full Name (Last, First, Middle Initial) Shelley Sabo  Mailing Address 6360 Tisbury Dr PAYROLL DEDUCTION  City Burke  FEC ID number of contributing federal political committee.  Name of Employer NCAL  Receipt For: Primary General	State VA  C  Occupation Director	Assisted Living e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify)   SUBTOTAL of Receipts This Page (optional)		230.00	120.00

ITEMIZED	E A (FEC Form 3X) RECEIPTS	tatomente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial NAME OF C	copied from such Reports and Si al purposes, other than using the OMMITTEE (In Full) Health Care Association Poli	name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (L Shelley Sabo Mailing Addr		N		Date of Receipt  10 29 2009
City		State	Zip Code	Transaction ID: C801584
<u>Burke</u>		VA	22015-4061	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		10.00
Name of Em NCAL	ployer	Occupatio Director	n Assisted Living	
Receipt For: Primar Other (	y General (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
B. Jesse Sample	ast, First, Middle Initial) es ess 110 Association Dr			Date of Receipt
City		State	Zip Code	10 14 2009
Charleston	1	WV	25311-1217	Transaction ID: C791494  Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C	200111217	100.00
Association Receipt For: Primar	ployer a Health Care  y General (specify)	Occupatio CEO Aggregate	e Year-to-Date ▼ 850.00	
Full Name (L Maryanne Sa	ast, First, Middle Initial) pio			Date of Receipt
Mailing Addr	ess 1324 South Kenmore C	Circle		M M / D D / Y Y Y Y Y Y 1 1 0 0 2 2 0 0 9
City		State	Zip Code	Transaction ID: C791211
<u>Arlington</u>		VA	22204	Amount of Each Receipt this Period
federal politic	ber of contributing cal committee.	C		11.54
Name of Em AHCA			Government Relations	
Receipt For: Primar Other (		Aggregate	e Year-to-Date ▼ 365.38	
SUBTOTAL of	Receipts This Page (optional)			121.54
TOTAL This P	eriod (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association P	Statements may not be sold or used by any per the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Maryanne Sapio  Mailing Address 1324 South Kenmore  City  Arlington  FEC ID number of contributing	State Zip Code VA 22204	Date of Receipt  10 16 2009  Transaction ID: C792308  Amount of Each Receipt this Period
rederal political committee.  Name of Employer AHCA  Receipt For:  Primary General Other (specify) ▼	Occupation Director, Government Relations  Aggregate Year-to-Date   365.38	100.00
Full Name (Last, First, Middle Initial)  Maryanne Sapio  Mailing Address 1324 South Kenmore  City	e Circle State Zip Code	Date of Receipt  10 20 2009  Transaction ID: C796711
Arlington  FEC ID number of contributing federal political committee.  Name of Employer	VA 22204  C Occupation	Amount of Each Receipt this Period  11.54
Receipt For: Primary General Other (specify)	Director, Government Relations  Aggregate Year-to-Date ▼  365.38	
Full Name (Last, First, Middle Initial)  Maryanne Sapio  Mailing Address 1324 South Kenmore	e Circle	Date of Receipt
City  Arlington  FEC ID number of contributing	State Zip Code VA 22204	Transaction ID: C801585  Amount of Each Receipt this Period
federal political committee.  Name of Employer AHCA	Occupation Director, Government Relations	11.54
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.38	
SUBTOTAL of Receipts This Page (optional)		123.08

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Philip Scalo			Date of Receipt
	Mailing Address 979 Lily Pond Lane  City	State	Zip Code	10 16 2009
	Franklin Lakes	NJ	21p Code 07417	Transaction ID: C792560  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Bartley Healthcare	Occupation Presiden	n t and CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
– В.	Full Name (Last, First, Middle Initial) Michael Scharfenberger			Date of Receipt
	Mailing Address 7265 Kenwood Road Suite 300			10 16 2009
	City	State OH	Zip Code	Transaction ID: C792563
	Cincinnati  FEC ID number of contributing federal political committee.	C	45236-4414	Amount of Each Receipt this Period  125.00
	Name of Employer Nursing Care Management	Occupation Exec Vic	n e President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Dan Scheeler			Date of Receipt
	Mailing Address 4500 Squiredale Sq			10 16 2009
	City Alexandria	State VA	Zip Code 22309	Transaction ID: C792306
	FEC ID number of contributing federal political committee.	C	22309	Amount of Each Receipt this Period  100.00
	Name of Employer AHCA	Occupation Director,	n Information Services	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	
	SUBTOTAL of Receipts This Page (optional)			325.00
	TOTAL This Period (last page this line number		<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 93 (check only one)    X   11a
or fo	information copied from such Reports and Star r commercial purposes, other than using the n IAME OF COMMITTEE (In Full) American Health Care Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>D</u> M	full Name (Last, First, Middle Initial) Dan Scheeler Mailing Address 4500 Squiredale Sq Dity Alexandria EC ID number of contributing ederal political committee.	State VA	Zip Code 22309	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	lame of Employer HCA  Receipt For: Primary General Other (specify)		Information Services  Year-to-Date ▼  230.00	]
3. <u>F</u> M C C C F	ull Name (Last, First, Middle Initial) rloyd Schlossberg  Mailing Address 4200 W Peterson Ave Ste 140  Sity Chicago  EC ID number of contributing ederal political committee.  Jame of Employer Liden Management Inc	State IL  C Occupation Presiden		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
R	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 5000.00	
C. <u>Ir</u> N C C	ull Name (Last, First, Middle Initial) na Schlossberg Mailing Address 4200 W Peterson Ave Ste 140  City Chicago  EC ID number of contributing ederal political committee.	State IL	Zip Code 60646-6819	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Α	lame of Employer Iden Enterprises Receipt For: Primary Other (specify)	<u> </u>	n Operations • Year-to-Date ▼ 5000.00	
SUE	BTOTAL of Receipts This Page (optional)			2580.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 93 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Polymers	Statements may not be sold or used by any persite name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Russell Schwartz  Mailing Address 8 Inwood Lane  City Farmington  FEC ID number of contributing federal political committee.  Name of Employer Avon Health Center  Receipt For: Primary General Other (specify)	State Zip Code CT 06032  C  Occupation Director of Operations  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Linda Sechovec  Mailing Address New Mexico Health C 2329 Wisconsin Street City Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer New Mexico Health Care Association Receipt For: Primary General Other (specify)		Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Linda Sechovec  Mailing Address New Mexico Health C 2329 Wisconsin Stree  City Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer New Mexico Health Care Association  Receipt For:  Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 6 2 0 0 9  Transaction ID: C792456  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional)		500.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 93 (check only one)    X
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Cathy Sena Mailing Address Mandarin Health Ground 199 NE 89th Street	ıp, LLC		Date of Receipt  10 14 2009
	City	State	Zip Code	Transaction ID: C791499
	El Portal	FL	33138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mandarin Health Group, LLC	Occupation Informat	on ion Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Louis Serra Mailing Address 2525 Pennsylvania Av	/e		Date of Receipt
	City	State	Zip Code	1 0 0 1 2 0 0 9  Transaction ID: C790130
	Weirton	WV	26062-3634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Weirton Geriatric Center	1	dministrator	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 2000.00	
с. С.	Full Name (Last, First, Middle Initial) Barbara Shepard			Date of Receipt
	Mailing Address 210 Jolie Way			10 13 2009
	City	State	Zip Code	Transaction ID: C792118
	Mena	AR	71953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Information Requested	<del>, '</del>	ion Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 930.00	
	SUBTOTAL of Receipts This Page (optional) .			1300.00
ļ	TOTAL This Period (last page this line number	r only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	American Health Care Association Po	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Barbara Shepard		Date of Receipt
	Mailing Address 210 Jolie Way  City	State Zip Code	1 0 1 6 2 0 0 9  Transaction ID: C792460
	Mena	AR 71953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Information Requested	Occupation Information Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00	
— В.	Full Name (Last, First, Middle Initial) Barbara Shepard Mailing Address 210 Jolie Way		Date of Receipt
			10 16 2009
	City	State Zip Code	Transaction ID: C792509
	Mena FEC ID number of contributing federal political committee.	AR 71953	Amount of Each Receipt this Period  300.00
	Name of Employer Information Requested	Occupation Information Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00	
_ C.	Full Name (Last, First, Middle Initial) Michael Shepard		Date of Receipt
	Mailing Address PO Box 125		10 16 2009
	City Mena	State Zip Code AR 71953	Transaction ID: C792447
	FEC ID number of contributing federal political committee.	C 71933	Amount of Each Receipt this Period  1250.00
	Name of Employer Shepard Group	Occupation President	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Γ			1650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full)  American Health Care Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Gail Sheridan			Date of Receipt
Mailing Address 9031 Penn Ave S			10 14 2009
City	State	Zip Code	Transaction ID: C791491
Bloomington	MN	55431-2225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Tealwood Care Centers	Occupation Healthca	n re Mangement	
Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Gail Sheridan			Date of Receipt
Mailing Address 9031 Penn Ave S			10 14 2009
City	State	Zip Code	Transaction ID: C792031
Bloomington	MN	55431-2225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Tealwood Care Centers	Occupation Healthca	n re Mangement	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) John Sheridan			Date of Receipt
Mailing Address EHDS 2634 Dartmoor			M M / D D / Y Y Y Y Y Y 1 1 0 1 1 4 2 0 0 9
City	State	Zip Code	Transaction ID: C791463
Cleveland	OH	44118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		450.00
Name of Employer Information Requested	Occupation Informati	n on Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> 4.	Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow	Ln		Date of Receipt
	City Fairfax	State VA	Zip Code 22031-4720	Transaction ID: C791212  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer AHCA	C	on	11.54
	AHCA  Receipt For:  Primary General  Other (specify) ▼	Vice Pre Aggregate	sident e Year-to-Date ▼ 265.38	
- В.	Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow	Ln		Date of Receipt  10 20 2009
	City	State	Zip Code	Transaction ID: C796712
	Fairfax  FEC ID number of contributing federal political committee.	C	22031-4720	Amount of Each Receipt this Period  11.54
	Name of Employer AHCA	Occupation Vice Pre		
	Receipt For:  Primary General  Other (specify) ▼	- · ·	e Year-to-Date ▼ 265.38	
- ).	Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
	Mailing Address 9507 Shelly Krasnow	Ln		10 29 2009
	City Fairfax	State VA	Zip Code 22031-4720	Transaction ID: C801587  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22031-4720	11.54
	Name of Employer AHCA	Occupation Vice Pre		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 265.38	
	SUBTOTAL of Receipts This Page (optional) .			34.62
	TOTAL This Period (last page this line number	r only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 93 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  Page 17 on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)  American Health Care Association Pol	name and add	dress of any political committee to	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Chuck Sinclair			Date of Receipt
	Mailing Address 475 Fox Bay Drive			10 16 2009
	City	State	Zip Code	Transaction ID: C792530
	Brandon	MS	39047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Information Requested	Occupation Informati	n on Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
- В.	Full Name (Last, First, Middle Initial) Carole Smith			Date of Receipt
	Mailing Address 6487 Amarillo Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C792070
	Boca Raton	FL	33433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Information Requested	Occupation Informati	n on Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.00	
- C.	Full Name (Last, First, Middle Initial) Carole Smith			Date of Receipt
	Mailing Address 6487 Amarillo Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C792548
	Boca Raton	FL	33433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		101.00
	Name of Employer Information Requested	Occupation Informati	n on Requested	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.00	
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		501.00
H				

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 93 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	and Statements may not be sold or used by any persor g the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NW		10 02 2009
City	State Zip Code	Transaction ID: C791213
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 542.51	
Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C792550
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 542.51	
Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NW		10 20 2009
City	State Zip Code	Transaction ID: C796713
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.24
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 542.51	
SUBTOTAL of Receipts This Page (option	al)	138.48

TOTAL This Period (last page this line number only) .....

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Matthew D. Smyth  Mailing Address 1201 L Street NW  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association	State Zip Code DC 20005  C Occupation Director of Grassroots	Date of Receipt  10 29 2009  Transaction ID: C801588  Amount of Each Receipt this Period  19.24
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 542.51	
Full Name (Last, First, Middle Initial) Janet Snipes Mailing Address 6000 E Iliff Avenu City	State Zip Code	Date of Receipt    M
Denver  FEC ID number of contributing federal political committee.  Name of Employer	CO 80222-5721  C Occupation	Amount of Each Receipt this Period 300.00
Holly Heights Nursing Center Receipt For: Primary General Other (specify) ▼	Administrator  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Andrea Solazzo  Mailing Address 42 North Mountain	n Avenue	Date of Receipt
City	State Zip Code	1 0 1 6 2 0 0 9  Transaction ID: C792468
<u>Montclair</u>	NJ 07042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Van Dyk Healthcare	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	419.24

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 93 (check only one)  X 11a 11b 11c 12  13 14 15 16
A or	ny information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/_</u>	Full Name (Last, First, Middle Initial) Dean Solden Mailing Address 12005 Scio Church	Road		Date of Receipt
	011	Otala	7'- 0-4-	10 14 2009
	City Chelsea	State MI	Zip Code 48118-9612	Transaction ID: C791440
	FEC ID number of contributing federal political committee.	C	40110-9012	Amount of Each Receipt this Period
	Name of Employer Solden Development Company LLC Receipt For: Primary General Other (specify)		t & Owner  Year-to-Date ▼  450.00	7
	Full Name (Last, First, Middle Initial) Dean Solden	D. J.		Date of Receipt
	Mailing Address 12005 Scio Church	10 15 2009		
	City	State	Zip Code	Transaction ID: C792097
	Chelsea	MI	48118-9612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Solden Development Company LLC		t & Owner	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
	Full Name (Last, First, Middle Initial) Nancy Soto	<b>L</b>		Date of Receipt
	Mailing Address 644 Goffle Road			10 16 2009
	City	State	Zip Code	Transaction ID: C792479
	<u>Hawthorne</u>	NJ	07506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Information Requested	<del></del>	on Requested	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
<u>ر</u>	UBTOTAL of Receipts This Page (optiona	l)		400.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) <b>/</b> /	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a				
Any information copied from such Reports a or for commercial purposes, other than usir	Any information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to						
	NAME OF COMMITTEE (In Full)						
American Health Care Association	n Political Action	Committee					
Full Name (Last, First, Middle Initial) Jennie Soukop			Date of Receipt				
Mailing Address Pleasant Valley H			10 02 7 2009				
City	State	Zip Code	Transaction ID: C790835				
<u>Garland</u>	TX	75040	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		413.00				
Name of Employer Pleasant Valley Healthcare & Rehabilit	Occupation Administ						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		513.00					
Full Name (Last, First, Middle Initial) Jennie Soukop	I		Date of Receipt				
Mailing Address Pleasant Valley H			10 / 13 / 2009				
City	State	Zip Code	Transaction ID: C792109				
Garland	TX	75040	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer Pleasant Valley Healthcare & Rehabilit	Occupation Administ						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	513.00					
Full Name (Last, First, Middle Initial) J. Craig Souza	<u> </u>		Date of Receipt				
Mailing Address 5109 Bur Oak Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: C792441				
Raleigh	NC	27612-3101	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.			1000.00				
Name of Employer North Carolina Health Care Facilities	Occupation Executive	n e Director					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		1000.00					
SUBTOTAL of Receipts This Page (option	I		1513.00				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(,)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)					
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee						
Full Name (Last, First, Middle Initial) Dick Stebbins			Date of Receipt					
Mailing Address 600 E Whaley St			10 16 2009					
City	State	Zip Code	Transaction ID: C792444					
Longview  FEC ID number of contributing federal political committee.	C	75601-6525	Amount of Each Receipt this Period 5000.00					
Name of Employer Stebbins Five Companies	Occupatio Managin	n g Partner						
Receipt For:  Primary General  Other (specify) ▼	<del>-                                    </del>	e Year-to-Date ▼ 5000.00						
Full Name (Last, First, Middle Initial) Jan Thayer			Date of Receipt					
Mailing Address 404 Woodland Drive	e		10 26 2009					
City Grand Island	State NE	Zip Code 68801	Transaction ID: C797496					
FEC ID number of contributing federal political committee.	C	00001	Amount of Each Receipt this Period  1250.00					
Name of Employer Excel Development Group	Occupatio Chair/CE							
Receipt For:  Primary General  Other (specify) ▼	<del>-                                     </del>	e Year-to-Date ▼ 5000.00						
Full Name (Last, First, Middle Initial) Raymond Thivierge			Date of Receipt					
Mailing Address 11 Greenway Road			10 02 2009					
City Windham	State NH	Zip Code 03087	Transaction ID: C787714					
FEC ID number of contributing federal political committee.	C	03087	Amount of Each Receipt this Period 250.00					
Name of Employer SunBridge Healthcare	Occupatio SVPO	n						
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 350.00						
			6500.00					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE /9/93   (check only one)					
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee						
Full Name (Last, First, Middle Initial) Raymond Thivierge			Date of Receipt					
Mailing Address 11 Greenway Road	i		10 16 2009					
City Windham	State NH	Zip Code 03087	Transaction ID: C792490  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer SunBridge Healthcare	Occupation SVPO	n						
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 350.00						
Full Name (Last, First, Middle Initial) Pamela Tokarczyk			Date of Receipt					
Mailing Address 197 Cahill Cross R	10 16 2009							
City West Milford	State NJ	Zip Code 07480	Transaction ID: C792462  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	07400	200.00					
Name of Employer Van Dyk Health Care	Occupation	n e Director						
Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 350.00						
Full Name (Last, First, Middle Initial) Travis Tomlinson			Date of Receipt					
Mailing Address 513 East Whitaker	Mill Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Raleigh	State NC	Zip Code 27608-2633	Transaction ID: C792168  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	27000-2033	100.00					
Name of Employer Mayview Conv Home Inc	Occupation Administ							
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2200.00						
SUBTOTAL of Receipts This Page (optional	al)		400.00					

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	***	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 93 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Pole	name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
) A.	Full Name (Last, First, Middle Initial) Jack Vetter			Date of Receipt
	Mailing Address 5020 South 118th Stre	eet		10 07 2009
	City	State	Zip Code	Transaction ID: C791215
	Omaha  FEC ID number of contributing federal political committee.	C	68137-2209	Amount of Each Receipt this Period  1250.00
	Name of Employer Vetter Health Services	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3750.00	
В.	Full Name (Last, First, Middle Initial) Andrew S Weisman  Mailing Address 5310 NW 33rd Ave Ste 211			Date of Receipt  1 0 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: C797367
	Fort Lauderdale	<u>FL</u>	33309-6319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Name of Employer NuVision Management	Occupatio Vice Pres		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
C.	Full Name (Last, First, Middle Initial) Greg Wells			Date of Receipt
	Mailing Address Wells Health Systems 725 Harvard Drive	, Inc.		10 14 2009
	City	State	Zip Code	Transaction ID: C791501
	Owensboro  FEC ID number of contributing federal political committee.	C	42301	Amount of Each Receipt this Period  100.00
	Name of Employer Wells Health Systems, Inc.	Occupatio Vice Pre	n sident of Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		)	2600.00
İ	TOTAL This Period (last page this line number	only)		

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 93 (check only one)    X					
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	American Health Care Association Po	olitical Action	Committee						
۷.	Full Name (Last, First, Middle Initial) Kristin West			Date of Receipt					
	Mailing Address 10890 Prospect Road			10 15 2009					
	City Strongsville	State OH	Zip Code 44149	Transaction ID: C792075  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	11110	100.00					
	Name of Employer Kemper Company	Occupation Vice Pres							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00						
	Full Name (Last, First, Middle Initial) Paxton Wiffler			Date of Receipt					
	Mailing Address Golden Living 9855 W 78th Street			1 0 1 4 2 0 0 9 Transaction ID: C792210					
	City	State	Zip Code						
	Eden Prairie  FEC ID number of contributing federal political committee.	C	55344	Amount of Each Receipt this Period  100.00					
	Name of Employer Golden Living	Occupation Informati	n ion Requested						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00						
_	Full Name (Last, First, Middle Initial) Chris Wright			Date of Receipt					
	Mailing Address iCare Management 341 Bidwell Street			10 16 2009					
	City	State	Zip Code	Transaction ID: C792304					
	Manchester  FEC ID number of contributing federal political committee.	C	06040-6470	Amount of Each Receipt this Period  100.00					
	Name of Employer iCare Management, LLC	Occupation CEO	n						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00						
	SUBTOTAL of Receipts This Page (optional) .			300.00					

В.

PAGE 82/93 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Joe Wronski Mailing Address JW Design 10 2009 16 412 South Washington Street City Zip Code State Transaction ID: C792325 **Bloomfield Hills** MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Information Requested Occupation Information Requested Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Alan Zuccari Date of Receipt Mailing Address 7712 Carlton Place 12 2009 City State Zip Code Transaction ID: C791196 Mclean V٨ 22102 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Hamilton Insurance Agency Occupation Insurance Representative Receipt For: Aggregate Year-to-Date Primary General

SUPTOTAL of Possints This Page (entional)		1750.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	<b>•</b>	89273.28

5000.00

Other (specify)

В.

### SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 83/93 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D90031 **BB & T CREDIT CARD** Date of Disbursement 3 1 1<sup>™</sup>0 2009 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 920.14 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D90027 BB & T Date of Disbursement <sup>™</sup>0 3 1 2009 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 240.10 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1160.24
TOTAL This Period (last page this line number only)	•	1160.24

Other (specify)

State:

# SCHEDULE B (FEC Form 3X)

		Use separate schedule(s	)		heck onl	NUMBE v one)					GE		
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	П	24 28c		25 29	П
or fo	Information copied from such Reports and Sta or commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and address of any politica											3
<u>/</u>	American Health Care Association Polit	cal Action Committee											
	Full Name (Last, First, Middle Initial)  AMERIPAC: THE FUND FOR A GREAT					M		on ID sburs				o ŏ s	Y
	Mailing Address 499 S. CAPITOL ST. 3	S.W. #414				1 0				L			
	City WASHINGTON	State Zip Code DC 20003				Amou	ınt of	Each	n Disl	ourse	-	t this F	
	Purpose of Disbursement Contributions to Federal PACs/ Committees		Г	v		<u> </u>	_			_	500	00.00	)
	Candidate Name AMERIPAC: THE FUND FOR A GREAT	ER AMERICA	ı	ateg Typ	gory/ be								
	Office Sought: House Disbu	rsement For: Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) CONWAY FOR SENATE						of Di	sburs	emer		25		
	Mailing Address PO Box 6168				1 <sup>M</sup> 0	М	D 1	1 <b>4</b>	/ Y	ž	0 0 5	) Y	
	City Louisville	State Zip Code KY 40206-0168				Amou	unt of	Each	n Disl	ourse	ment	t this F	Perio
	Purpose of Disbursement Contributions to Federal Candidates										100	00.00	)
	Candidate Name CONWAY FOR SENATE		ı	ateç Typ	gory/ be								
	Office Sought: House Disbu Senate President State: District:	x Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Gardner for Congress						of Di	sburs	emer				
	Mailing Address PO BOX 2408					1 <sup>M</sup> 0	М	2	29	/ L	ž	0 0 5	) <sup>*</sup>
	City Loveland	State Zip Code CO 80539				Amou	unt of	Each	n Disl	ourse	ment	t this F	Perio
	Purpose of Disbursement Contributions to Federal Candidates										200	00.00	)
	Candidate Name Gardner for Congress			ateç Typ	gory/ be								
	Office Sought: House Disbution Senate President State: District:	rsement For: 2010  X Primary General  Other (specify) ▼	1										
	Julioti Diotrioti												

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Pol	name and address of any politica		
	nical Action Committee		
Full Name (Last, First, Middle Initial) Future Leaders PAC			Transaction ID: D89329 Date of Disbursement
Mailing Address 1155 21st St NW Ste 300			10 14 7 2009
City Washington	State Zip Code DC 20036-3312	2	Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/ Committees			5000.00
Candidate Name Future Leaders PAC		Category/ Type	
Senate President	oursement For: 2010  X Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			In Doore
HAWKEYE PAC, THE			Transaction ID: D89330 Date of Disbursement
Mailing Address PO Box 7255			10 M / D 1 A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Des Moines	State Zip Code IA 50309		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/ Committees			4000.00
Candidate Name HAWKEYE PAC, THE		Category/ Type	
Office Sought:    House   Dist     Senate   President     State: District:	oursement For: Primary General Other (specify)	, ,	
Full Name (Last, First, Middle Initial) The Martha Coakley for Senate Comm	ittee		Transaction ID: D89332 Date of Disbursement
Mailing Address 529 Main Street			10 14 7 2009
City Charlestown	State Zip Code MA 02129		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			5000.00
Candidate Name The Martha Coakley for Senate Comm	ittee	Category/ Type	
Senate	oursement For: 2010  X Primary General  Other (specify) ▼	•	
President			II.
State: District:			

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ny Information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				
American Health Care Association P	olitical Action Co	ommittee		
Full Name (Last, First, Middle Initial) New Democrat Coalition				Transaction ID: D89639 Date of Disbursement
Mailing Address 607 14th St NW Ste 800				10
City Washington	State DC	Zip Code 20005-2005		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/ Committees	5			5000.00
Candidate Name New Democrat Coalition			Category/ Type	
Senate President	isbursement For: Primary Other (spe	General cify) ▼		
State: District: Full Name (Last, First, Middle Initial)				Transaction ID: D89646
ALLYSON SCHWARTZ FOR CONG	RESS			Date of Disbursement
Mailing Address P.O. Box 45706				10  29  2009
City Philadelphia	State PA	Zip Code 19149		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates				1000.00
Candidate Name Rep. Allyson Y. Schwartz			Category/ Type	
Office Sought:  X House Senate President State: PA District: 13	isbursement For:  X Primary  Other (spe	2010 General cify) ▼		
Full Name (Last, First, Middle Initial) BRAD MILLER FOR UNITED STATE	ES CONGRESS			Transaction ID: D89647 Date of Disbursement
Mailing Address PO Box 10322				10 M / D 29 / Y 2009
City Raleigh	State NC	Zip Code 27605		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates				1000.00
Candidate Name Rep. Brad Miller			Category/ Type	
Office Sought: X House D Senate President	isbursement For:  X Primary Other (spe	2010 General cify) ▼		
State: NC District: 13				

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NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS  Mailing Address 301 W Main Ave  City Spokane Rep. Cathy McMorris Rodgers Office Sought: State: WA District: 05  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address President State: WA District: 05  Full Name (Last, First, Middle Initial) CHARLES ROUSTANY JR MD FOR CONGRESS INC  Office Sought: X House Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address President State: LA District: 07  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City Mailing Address President State: LA District: 07  Full Name (Last, First, Middle Initial) CHARLES ROUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City WAUSAU  Wil S4403-6721  Purpose of Disbursement Category/ Type  Transaction ID: D89642 Date of Disbursement this Peric Category/ Type  Transaction ID: D89642 Date of Disbursement this Peric Category/ Type  Transaction ID: D89642 Date of Disbursement this Peric  Amount of Each Disbursement this Peric  Transaction ID: D89642 Date of Disbursement	IIE	EMIZED DIS	SBURSEMEN <sup>*</sup>	TS					21b	22	X					Н
American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) CATHY MCMORRIS FOR CONGRESS  Mailing Address 301 W Main Ave  City Spokane WA 99201-0207 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Cathy McMorris Rodgers  Office Sought: X House President State: WA District: 05  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City La 70598  Purpose of Disbursement Category/ Type  Transaction ID: D89642 Date of Disbursement this Peric Date of Disbursement this Peric Transaction ID: D89642 Date of Disbursement Transaction ID: D89642 Date of Disbursement Transaction ID: D89642 Date of Disbursement Tool Transaction ID: D89642 Date of Disbursement this Peric Transaction ID: D89642 Date of Disbursement ID: D89642 Date																;
CATHY MCMORRIS FOR CONGRESS  Mailing Address 301 W Main Ave  City Spokane WA 99201-0207  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Cattly McMorris Rodgers  Office Sought: X House Senate President State: WA District: 05  City CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City Senate LA 70598  Purpose of Disbursement Contributions to Federal Candidates Candidates Candidate Name Rep. Cattly Miles WA District: 05  City Senate President Contributions to Federal Candidates Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Disbursement For: 2010  Senate LA District: 05  Category' Type  Amount of Each Disbursement this Period Category' Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89642  Date of Disbursement Into President Type  Transaction ID: D89167  Date of Disbursement Into President Type  Date of Disbursement Into President Type  Date of Disbursement Into President Type  Other (specify) ▼  Date of Disbursement Into President Type  Date of Disbursement Into President	\		, ,	n Political /	Action Co	ommittee										
City Spokane State VPrimary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Contributions to Federal Candidates Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President State: LA District: 07  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  City WAUSAU State Zip Code X Primary General President State: Candidate Name Rep. Category' Type  Disbursement For: 2010 X Primary General Candidates Category' Type  Transaction ID: D89642 Date of Disbursement  Category' Type  Amount of Each Disbursement  1000.00  Amount of Each Disbursement  1000.00  Transaction ID: D89642 Date of Disbursement  1000.00  Amount of Each Disbursement this Peric  Category' Type  Category' Type  Transaction ID: D89167 Date of Disbursement In Oncolon  Transaction ID: D89167 Date of Disbursement  1000.00  Transaction ID: D89167 Date of Disbursement  Category' Type  Transaction ID: D89167 Date of Disbursement  Category' Type  Category' Type  Transaction ID: D89167 Date of Disbursement  Category' Type  Categor		•	,	RESS									_	9483		
Spokane WA 99201-0207 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Cathy McMorris Rodgers  Office Sought:	i	Mailing Address	301 W Main Av	e								D 2	22	Y	ž o ŏ s	) Y
Contributions to Federal Candidates Candidate Name Rep. Cathy McMorris Rodgers  Office Sought:										Amo	unt of	Each	Disbu			_
Rep. Cathy McMorris Rodgers  Office Sought:	(	Contributions to F								L				10	00.00	)
Senate President State: WA District: 05  Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code Lafayette LA 70598  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President State: LA District: 07  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  City State Zip Code LA 70598  Amount of Each Disbursement this Period Type  Category/ Type  Transaction ID: D89642 Date of Disbursement this Period  Category/ Type  Transaction ID: D89167 Date of Disbursement this Period  Transaction ID: D89167 Date of Disbursement  City State Zip Code WAUSAU WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. David R. Obey  Office Sought: X House Senate Primary General Disbursement For: 2010  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Cottegory/ Type  Other (specify) ▼	!	Rep. Cathy Mc		Dichurcom	ont For:	2010										
Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC  Mailing Address PO Box 80126  City State Zip Code LA 70598  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President State: LA District: 07  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  City State Zip Code LA 70598  Transaction ID: D89167 Date of Disbursement  Transaction ID: D89167 Date of Disbursement  Transaction ID: D89167 Date of Disbursement  Amount of Each Disbursement I000.00  Transaction ID: D89167 Date of Disbursement  Transaction ID: D89167 Date of Disburs		•	Senate President	XF	Primary	General										
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Lafayette LA 70598  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought: X House President State: LA District: 07  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  City State Zip Code WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought: X House State Zip Code WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought: X House Senate President  Disbursement For: 2010  X Primary General Other (specify) ▼	i	Mailing Address PO Box 80126								М	M	/ D	D /	Y	ž 0 ŏ s	) Y
Contributions to Federal Candidates  Candidate Name Rep. Charles W. Boustany, Jr.  Office Sought:										Amo	unt of	Each	Disbu	ırseme	nt this F	eric
Rep. Charles W. Boustany, Jr.  Office Sought: X House Senate President State: LA District: 07  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  City State Zip Code WAUSAU WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought: X House Senate President  Disbursement For: 2010  Category/ Type  Other (specify) ▼  Transaction ID: D89167  Date of Disbursement  Amount of Each Disbursement this Period Senate President  Category/ Type  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	(	Contributions to F						•		L		•		10	00.00	1
Senate President Other (specify)  Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  City WAUSAU  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought:  X Primary Other (specify)  X Primary Other (specify)  Transaction ID: D89167 Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  X Primary General Other (specify)  Other (specify)  Other (specify)  Transaction ID: D89167 Date of Disbursement  Date of Disbursement  Category/ Type  Other (specify)		Rep. Charles V						_	-							
Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY  Mailing Address 932 Ross Ave  State Zip Code WAUSAU State Zip Code WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought: X House Senate President  Disbursement For: 2010 X Primary General Other (specify)  Other (specify)  Other (specify)		•	Senate President	XF	Primary	General										
City State Zip Code WAUSAU WI 54403-6721  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought: X House Disbursement For: 2010  Senate President Other (specify)   Other (specify)   Other (specify)	ı	Full Name (Last,	First, Middle Initial)	BEY										9167		
WAUSAU  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. David R. Obey  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)  President  Other (specify)		Mailing Address	932 Rose Ava							1 <sup>M</sup> 0	M	D C	) 2 <sup>D</sup>	Y	ž o ŏ s	) <sup>Y</sup>
Contributions to Federal Candidates  Candidate Name	_	Mailing Address	302 11033 AVE													eric
Rep. David R. Obey  Office Sought:  Senate President  Disbursement For: 2010  X Primary General Other (specify)	-    - 	City	302 11033 AVE							Amo	unt of	Each	Disbu			
Senate X Primary General President Other (specify) ▼	- - - - - - - -	City WAUSAU Purpose of Disbu Contributions to F	rsement				Ę	-		Amo	unt of	Each	i Disbu			)
State: WI District: 07		City WAUSAU Purpose of Disbu Contributions to F Candidate Name Rep. David R.	rsement Gederal Candidates	V	/1	54403-6721				Amo	unt of	Each	i Disbu			)
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SCHEDULE B (FEC FOIII 3X)		<ul> <li>Use separate schedule</li> </ul>	$(S) \mid (Ch)$	eck only on	E NUMBER: PAGE 88 / 93			
	EMIZED DISBURSEMENTS	Detailed Summary Pag	je 📗	21b 27	22 X 23 28a 28b	24 28c	25 29	
	y Information copied from such Reports and or commercial purposes, other than using t							
	NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action Committee						
	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	6			Transaction ID Date of Disburs	ement	Y * Y * Y	
	Mailing Address P.O. Box 9336				10	29 / Y	ž 0 0 9 °	
	City Fargo	State Zip Code ND 58106		,	Amount of Eacl			
	Purpose of Disbursement Contributions to Federal Candidates					10	000.00	
	Candidate Name Rep. Earl Pomeroy		Catego Typo	-				
	Senate President	Primary X Gener Other (specify)	al					
	State: ND District: 00  Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS				<b>Fransaction ID</b> Date of Disburs	ement		
	Mailing Address PO BOX 3176				10 / 0	1 4 Y	ž 0 0 9 °	
	City LONG BRANCH	State Zip Code NJ 07740		,	Amount of Eacl	n Disburseme	nt this Perio	
	Purpose of Disbursement Contributions to Federal Candidates		•			10	000.00	
	Candidate Name Rep. Frank Pallone, Jr.		Catego Typo	-				
	Office Sought:  X House Senate President State: NJ District: 06	isbursement For: 2010  X Primary Gener  Other (specify)	al					
	Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC.				Transaction ID Date of Disburs	ement		
	Mailing Address PO Box 1091				10 M	29 / Y	ž 0 0 9 °	
	City Hood River	State Zip Code OR 97031		,	Amount of Eacl	n Disburseme	nt this Perio	
	Purpose of Disbursement Contributions to Federal Candidates				<u> </u>	50	000.00	
	Candidate Name Rep. Greg Walden		Catego Typo					
	Office Sought:  X House Senate President State: OR District: 02	isbursement For: 2010  X Primary Gener  Other (specify)	al					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 89 / 93			
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NAME OF COMMITTEE (In Full)  American Health Care Association Politic	al Action Committee					
Full Name (Last, First, Middle Initial)  HEATH SHULER FOR CONGRESS			Transaction ID: Date of Disburse	ment		
Mailing Address PO Box 97			10 2	9 7 2009		
City Hazelwood	State Zip Code NC 28738		Amount of Each	Disbursement this Period		
Purpose of Disbursement Contributions to Federal Candidates				1000.00		
Candidate Name Rep. Heath Shuler		Category/ Type				
Senate President	ement For: 2010  Other (specify)					
Full Name (Last, First, Middle Initial)  KURT SCHRADER FOR CONGRESS	· · · · · · · · · · · · · · · · · · ·					
Mailing Address 205 N Main St.			1 0 D	2 7 2 0 0 9		
City Oregon City	State Zip Code OR 97045		Amount of Each	Disbursement this Period		
Purpose of Disbursement Contributions to Federal Candidates				2000.00		
Candidate Name Rep. Kurt Schrader		Category/ Type				
X III	tement For: 2010  ⟨ Primary General  Other (specify) ▼					
Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITT	EE		Transaction ID: Date of Disburse	ment		
Mailing Address PO BOX 440305			10 1	4 2009		
City SOMERVILLE	State Zip Code MA 02144		Amount of Each	Disbursement this Period		
Purpose of Disbursement Contributions to Federal Candidates				4000.00		
Candidate Name Rep. Michael E. Capuano		Category/ Type				
· -	ement For: 2010  ⟨ Primary General  Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional				7000.00		
TOTAL This Period (last page this line number onl						

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NAME OF COMMITTEE (In Full)  American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTEE  Mailing Address PO BOX 440305  City Something and Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) Cardidate Name Rep. Midnael E. Capuano  City Senate President Other (specify) ▼  State Zip Code MA 02144  Primary X General Primary X Gen	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from suc	7 2 0 0 9 Y
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) CAPUAND FOR CONGRESS COMMITTEE  Mailing Address PO BOX 440305  City SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael E. Capuano  Office Sought: X, House Tacoma Norman D. Disbursement For: 2010 Purpose of Disbursement Contributions to Federal Candidates  Call Capuano  Office Sought: X, House Rep. Michael Support Norman D. Disbursement For: 2010 Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS  Mailing Address PO Box 1663  City State: WA District: 08  Office Sought: X, House President State: WA District: 08  Mailing Address PO Box 1663  City Category/ Tacoma  Amount of Each Disbursement Category/ Type  Amount of Each Disbursement this Perio  Transaction ID: D89482 Date of Disbursement Category/ Type  Office Sought: X, House President State: WA District: 08  Mailing Address  Zon North Main St. P.O. Box 712  City Monticulate Name Rep. Steve Buyer  Office Sought: X, House President State: IN District: 04  Disbursement For: 2010 Category/ Type  Office Sought: X, House Senate President State: IN District: 04  Disbursement For: 2010 Category/ Type  Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement Type  Transaction ID: D89638 Date of Disbursement  Category/ Type  Office Sought: X, House Senate President State: IN District: 04  Disbursement For: 2010 Category/ Type  Other (specify) ▼	NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTEE  Mailing Address PO BOX 440305  City State Zip Code SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Category/  Category/	7 2009
CAPUANO FOR CONGRESS COMMITTEE  Mailing Address PO BOX 440305  City SOMERVILLE State Zip Code SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael E. Capuano  Office Sought: X House President Disbursement For: 2010 Senate Primary X General Primary X General Disbursement To District: 08  Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS  Mailing Address PO Box 1663  City State Zip Code WA 98401  Purpose of Disbursement Contributions to Federal Candidates Candidates Candidates Name Rep. Norman D. Dicks  Office Sought: X House President State: WA District: 06  Full Name (Last, First, Middle Initial) Dicks  Office Sought: X House Disbursement For: 2010 Senate Primary General President State: WA District: 06  Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code WA 7960  Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code WA 7960  Full Name (Last, First, Middle Initial) HOOSIERS Supporting Buyer For Congress Around of Each Disbursement To Dis	CAPUANO FOR CONGRESS COMMITTEE  Mailing Address PO BOX 440305  City State Zip Code SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Category/	<sup>Y</sup> 2 0 0 9 <sup>Y</sup>
Mailing Address PO BOX 440305   10	Mailing Address PO BOX 440305  City State Zip Code SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Candidate Name Category/	
SOMERVILLE  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Michael E. Capuano  Office Sought:    Y House	SOMERVILLE MA 02144  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Category/	nent this Pario
Contributions to Federal Candidates Candidate Name Rep. Michael E. Capuano  Office Sought:	Contributions to Federal Candidates  Candidate Name  Category/	
Rep. Michael E. Capuano  Office Sought: X House Senate President State: MA District: 08  Full Name (Last, First, Middle Initial)  NORIM DICKS FOR CONGRESS  Mailing Address PO Box 1663  City State Zip Code Tacoma WA 98401  Purpose of Disbursement Contributions to Federal Candidates Rep. Norman D. Dicks  Office Sought: X House Senate President Disbursement Contributions to Federal Candidates Candidate Name Rep. Norman D. Dicks  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code Type Senate President Senate President Contributions to Federal Candidates Candidate Name Rep. Norman D. Dicks  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code Monticello In 47960  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Steve Buyer  Category/ Type  Office Sought: X House Senate Primary General Candidates Candidate Name Rep. Steve Buyer  Office Sought: X House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼	D. Mill 15 O	1000.00
Senate President  State: MA District: 08  Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS  Mailing Address PO Box 1663  City State Zip Code WA 98401  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Norman D. Dicks  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code WA 98401  President Norman D. Dicks  Transaction ID: D89482 Date of Disbursement  To M / D 2 2 / Y 2 0 9 9  Amount of Each Disbursement this Perior  Category/ Type  Transaction ID: D89482 Date of Disbursement this Perior  Category/ Type  Transaction ID: D89638 Date of Disbursement this Perior  Transaction ID: D89638 Date of Disbursement  Transaction ID: D89638 Date of Disbursement  Transaction ID: D89638 Date of Disbursement  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code IN 47960  Purpose of Disbursement  Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought: X House Senate President State: IN District: 04	No.	
Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS  Mailing Address PO Box 1663  City State Zip Code Tacoma WA 98401  Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Norman D. Dicks  Office Sought: X House President State: WA District: 06  Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS  Mailing Address 200 North Main St. P.O. Box 712  City Monticello  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. State Zip Code IN 47960  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought: X House Senate President Disbursement For: 2010 Category/ Type  Amount of Each Disbursement this Perion  Amount of Each Disbursement  Category/ Type  Category/ Type  Office Sought: X House President Steve Buyer  Office Sought: X House President State: IN District: 04	Senate Primary X General President Other (specify) ▼	
Mailing Address PO Box 1663  City State Zip Code 98401  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Norman D. Dicks  Office Sought: X House Senate President State: WA District: 06  Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code IN 47960  Purpose of Disbursement Contributions to Federal Candidates  Category/ Type  Transaction ID: D89638 Date of Disbursement Time Date of Date of Date of Disbursement Time Date of Date	Full Name (Last, First, Middle Initial)  Transaction ID: D8948	2
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Norman D. Dicks  Office Sought:		2009
Contributions to Federal Candidates  Candidate Name Rep. Norman D. Dicks  Office Sought:		ment this Perio
Office Sought:	Contributions to Federal Candidates  Candidate Name  Category/	1000.00
HOOSIERS SUPPORTING BUYER FOR CONGRESS  Mailing Address 200 North Main St. P.O. Box 712  City State Zip Code Monticello IN 47960  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought: X House Senate President President State: IN District: 04  Date of Disbursement  Amount of Each Disbursement this Perior  Category/ Type  Category/ Type  Other (specify) ▼  State: IN District: 04	Office Sought:  X House Senate President  Disbursement For: 2010  X Primary General Other (specify) ▼	
City State Zip Code Monticello IN 47960  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought: X House Disbursement For: 2010 X Primary General President Other (specify) ▼  State: IN District: 04  Amount of Each Disbursement this Perion 1000.00  Category/ Type  Category/ Type	HOOSIERS SUPPORTING BUYER FOR CONGRESS  Date of Disbursement	
Monticello  Purpose of Disbursement Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought:	Mailing Address 200 North Main St. P.O. Box 712	2009
Contributions to Federal Candidates  Candidate Name Rep. Steve Buyer  Office Sought:	Monticello IN 47960	
Rep. Steve Buyer  Office Sought:	Contributions to Federal Candidates	1000.00
Senate	Rep. Steve Buyer Type	
2000.00	Senate X Primary General President Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	State: IN District: 04	
	SUPTOTAL of Disburgaments This Page (optional)	3000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 91 / 93	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	
Any Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and address of any politica			
/ American Health Care Association Politi	cal Action Committee			
Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS			Transaction ID: D89645 Date of Disbursement  10	
Mailing Address PO BOX 938			10	
City MANKATO	State Zip Code MN 56002		Amount of Each Disbursement this Perio	
Purpose of Disbursement Contributions to Federal Candidates			2500.00	
Candidate Name Rep. Tim Walz		Category/ Type		
Senate President	rsement For: 2010  X Primary General Other (specify) ▼			
State: MN District: 01  Full Name (Last, First, Middle Initial)			T .: ID D00040	
CHILDERS FOR CONGRESS			Transaction ID: D89643 Date of Disbursement  10 29 2009	
Mailing Address PO BOX 177	Mailing Address PO BOX 177			
City BOONEVILLE	State Zip Code MS 38829		Amount of Each Disbursement this Period	
Purpose of Disbursement Contributions to Federal Candidates			1500.00	
Candidate Name Rep. Travis W Childers		Category/ Type		
Senate President	rsement For: 2010 Primary X General Other (specify)			
State: MS District: 01  Full Name (Last, First, Middle Initial)			In Dogg 40	
SAC PAC			Transaction ID: D89640 Date of Disbursement	
Mailing Address 729 15th St NW FI 3			10 M / D 2 9 / Y 2 0 0 9 Y	
City Washington	State Zip Code DC 20005-2105	5	Amount of Each Disbursement this Period	
Purpose of Disbursement Contributions to Federal PACs/ Committees			5000.00	
Candidate Name SAC PAC		Category/ Type		
Office Sought: House Disbut Senate President	rsement For: Primary General Other (specify)	•		
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# SCHEDULE B (FEC Form 3X)

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TEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD			Transaction ID: D89478 Date of Disbursement
Mailing Address PO BOX 270701			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WEST HARTFORD	State Zip Code CT 06127		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		•	1000.00
Candidate Name Sen. Christopher J. Dodd		Category/ Type	
Office Sought:    House   X   Senate   President     State: CT   District: 00	Disbursement For: 2010  X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD			Transaction ID: D89479 Date of Disbursement
Mailing Address PO BOX 270701			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City WEST HARTFORD	State Zip Code CT 06127		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			4000.00
Candidate Name Sen. Christopher J. Dodd		Category/ Type	
Office Sought:    House   X   Senate   President     State: CT   District: 00	Disbursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE			Transaction ID: D89480 Date of Disbursement
Mailing Address 850 FORT WAYN	IE AVENUE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City INDIANAPOLIS	State Zip Code IN 46204		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			2500.00
Candidate Name Sen. Evan Bayh		Category/ Type	
Office Sought:  House  X Senate  President  State: IN  District: 00	Disbursement For: 2010  X Primary General  Other (specify)		
2.00.00			

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	y Information copied from such Reports and Stator for commercial purposes, other than using the r	•				•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
/	American Health Care Association Political	ical Action Co	mmittee					
	Full Name (Last, First, Middle Initial)				Transaction ID: Da	89328		
	GEORGIANS FOR ISAKSON				Date of Disbursemer	nt		
	Mailing Address POST OFFICE BOX 2	250116			10 / 14	/ Y 2	0 0 9	
	City ATLANTA	State GA	Zip Code 30325		Amount of Each Disk			iod
	Purpose of Disbursement Contributions to Federal Candidates					10	00.00	
	Candidate Name Sen. Johnny Isakson			Category/ Type				
	Office Sought:    House   Disbute     X   Senate     President	x Primary Other (spec	2010 General					
	State: GA District: 00							

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	66500.00